

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs. Elizabeth Adams

Town **Thayerstown** County **Washington** MARYLAND

Died at **Thayerstown**

Date of death **1903** Month **1** Day **5** Age **87** Years Months **6** Days

Sex **female** Color or Race **white** Birth-place **Md.**

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed **widow** Name of ~~Wife~~ Husband **P. J. Adams**

Father's Name **Solomon Butler** Father's Birthplace _____

Mother's Maiden Name **Not Known** Mother's Birthplace _____

Name of person giving information **John W. Adams** How related to deceased **son**

CAUSES OF DEATH

PHYSICIAN
OR CORONER

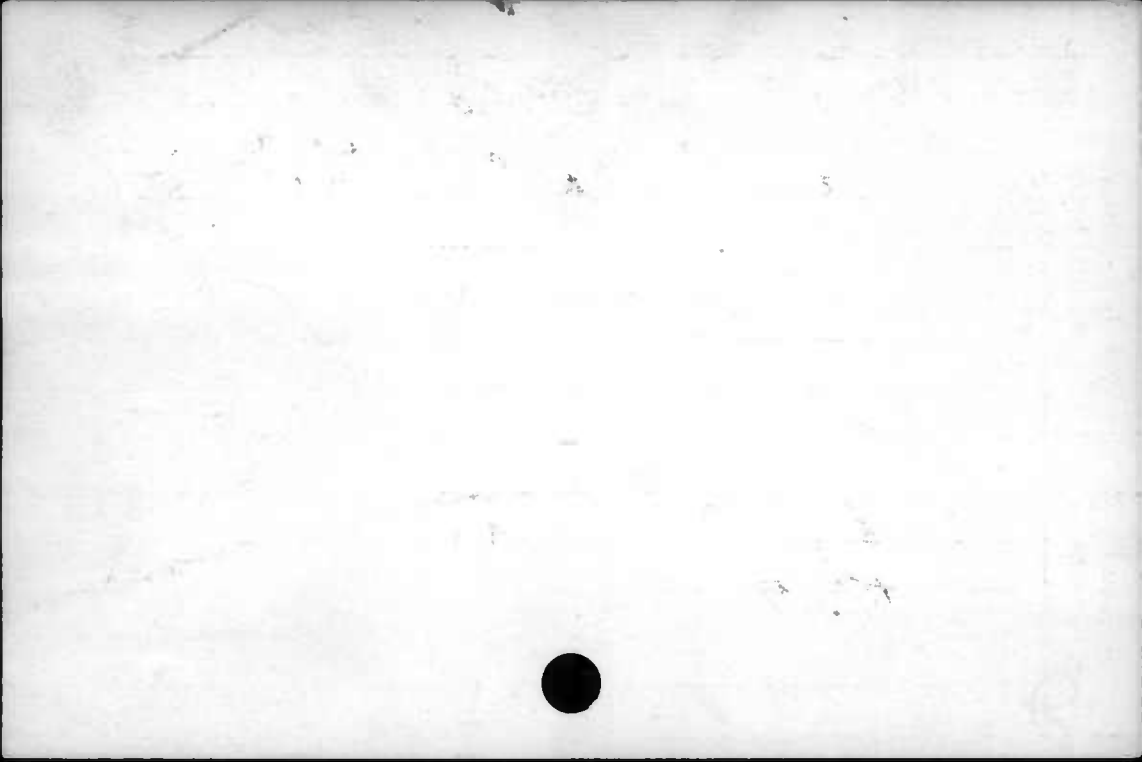
Primary _____ How long _____

Immediate **Heart Failure** How long **sudden**

Are the name, age, sex, color, date and place correctly given above? **yes.** Signature of Physician **J. J. Herman**

Address **Thayerstown**

Accident or Suicide? **no.** **Md.**



Name
in
Full

William Beck

CERTIFICATE OF DEATH

Died at ^{Town} Hagerstown^{County} Wash

MARYLAND

Date of death 1905 Jan

Day 20

Age 81

Months 6

Days 25

Sex male

Color or Race white

Birth-place Md.

Occupation Carpenter

Where Residing if not at place of death

Married, Single or Widowed married

Name of Wife or Husband Eliza J. Newman

Father's Name Andrew Beck

Father's Birthplace Penna

Mother's Maiden Name Susan Miller

Mother's Birthplace Md.

Name of person giving information Howard Beck

How related to deceased Son

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

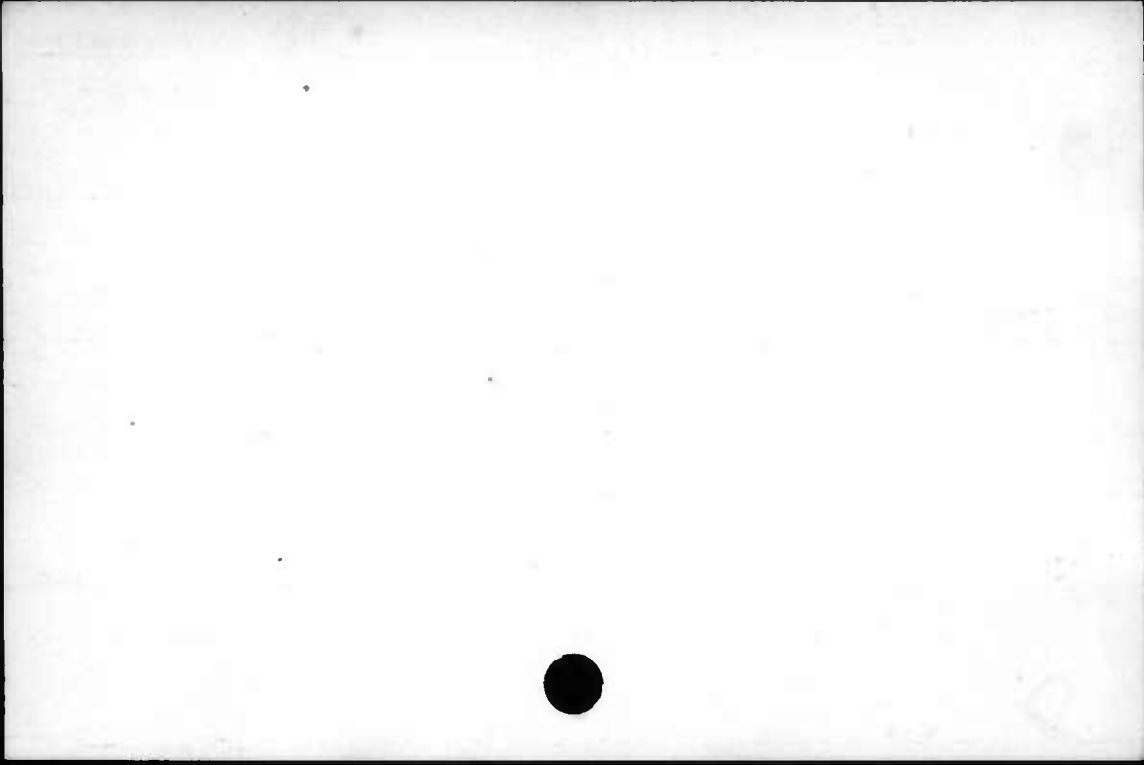
Signature of Physician

Address

J. M. P. Scott
Hagerstown
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary L. Betts

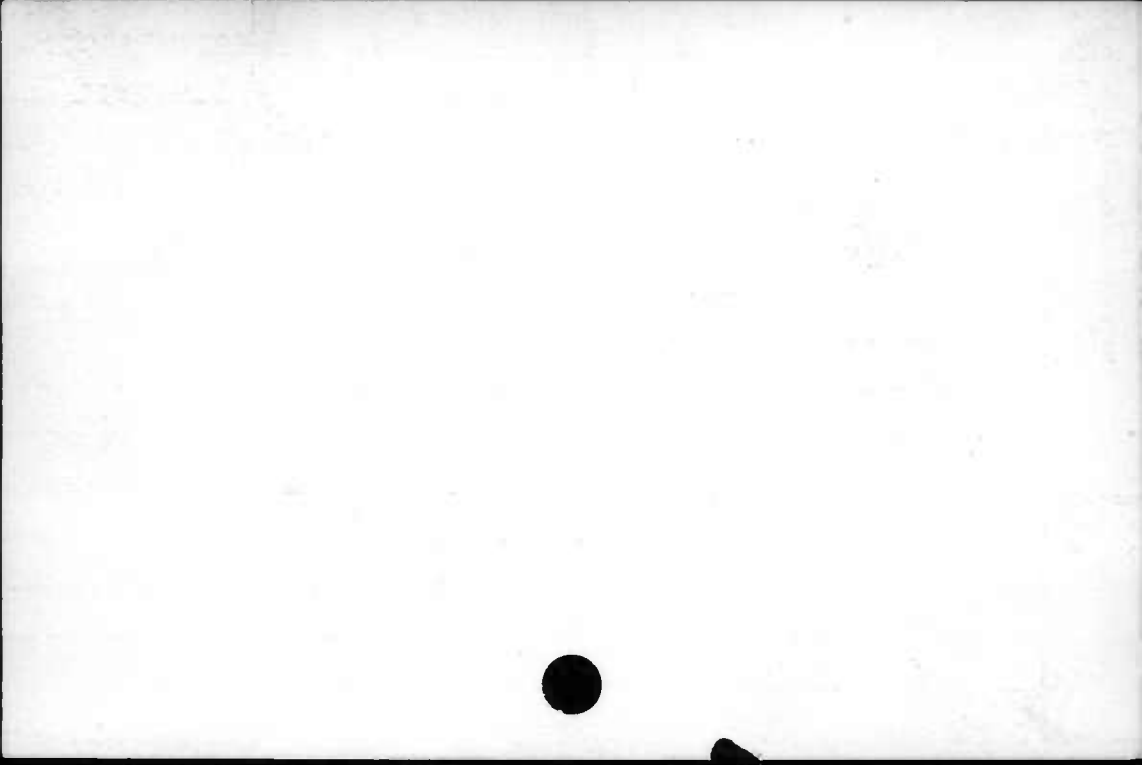
CERTIFICATE OF DEATH

Died at Bearsboro <small>Town</small>		Washington <small>County</small>		MARYLAND	
Date of death 1905	Jan <small>Month</small>	13th <small>Day</small>	40 <small>Years</small>	— <small>Months</small>	— <small>Days</small>
Sex Female	Color or Race White		Birth-place Maryland		
Occupation Stone mason		Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name John Betts -			Father's Birthplace Maryland		
Mother's Maiden Name Marie Lusing			Mother's Birthplace Maryland		
Name of person giving information Ella Betts			How related to deceased Cousin		

CAUSES OF DEATH

Primary	Bright's Disease	How long 3 months -
Immediate	Convulsions -	How long
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. B. Wheeler
		Address Bearsboro
		Maryland
Accident or Suicide?		

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mrs Eliza J Blondel

CERTIFICATE OF DEATH

MARYLAND

Died at *Hancock* ^{Town} *Wash* ^{County}

Date of death *1905* Jan *3* Day *63* Years Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Oldtown Md.*

Occupation *Housewife* Where Residing If not at place of death *did at home.*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Charles E. Blondel*

Father's Name *Nicholas P. Ryan* Father's Birthplace *Ireland*

Mother's Maiden Name *Ann Garaghty* Mother's Birthplace *Hancock Md*

Name of person giving information *Virginia Ryan* How related to deceased *Sister*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *3 years*

Immediate *Asthma* How long *Indefinite*

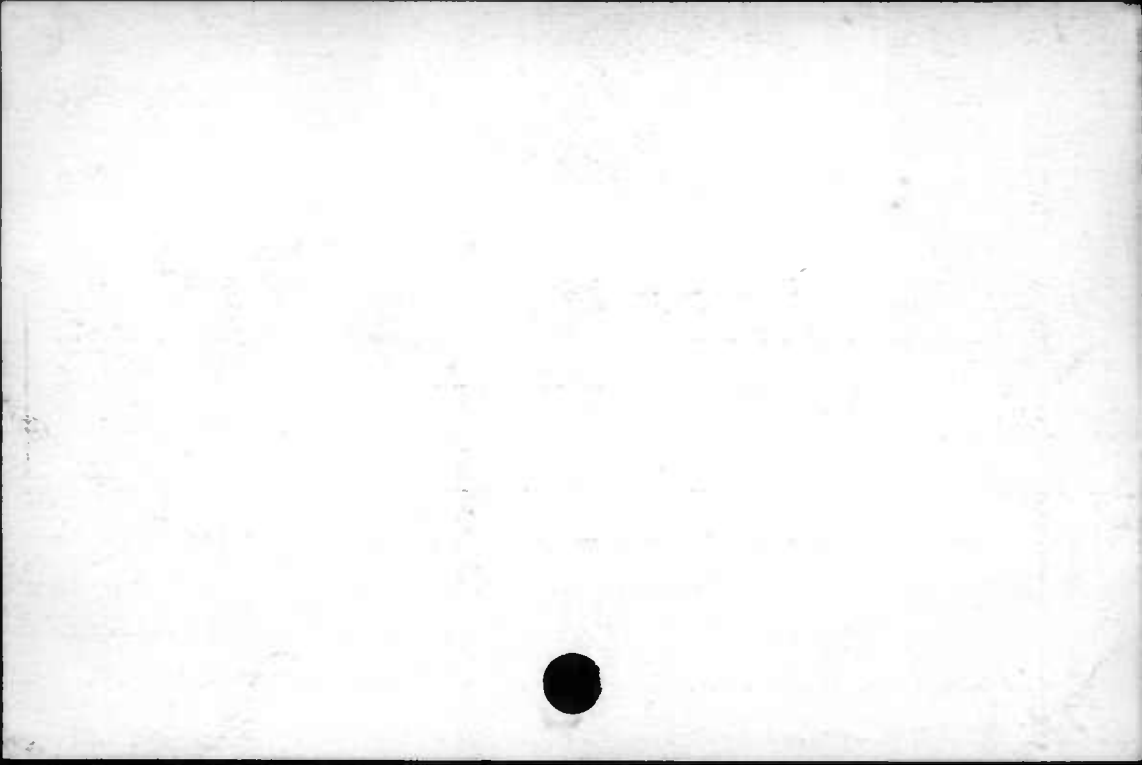
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. A. West*

Address *Hancock Md*

Accident or Suicide? *No*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Penna
— MARYLANDJohn H Boring
Died at Philadelphia

County

Date of death 1905 Jan 19 Age 19

Months Days

Sex male Color or Race white Birth-place Md.

Occupation Machinist Where Residing if not at place of death Hagerstown Md.

Married, Single or Widowed single Name of Wife or Husband

Father's Name James W Boring Father's Birthplace Md.

Mother's Maiden Name Ann M Wolford Mother's Birthplace "

Name of person giving information Mrs Ann M. Boring How related to deceased Mother

CAUSES OF DEATH 93

Primary Typhoid - Pneumonia How long

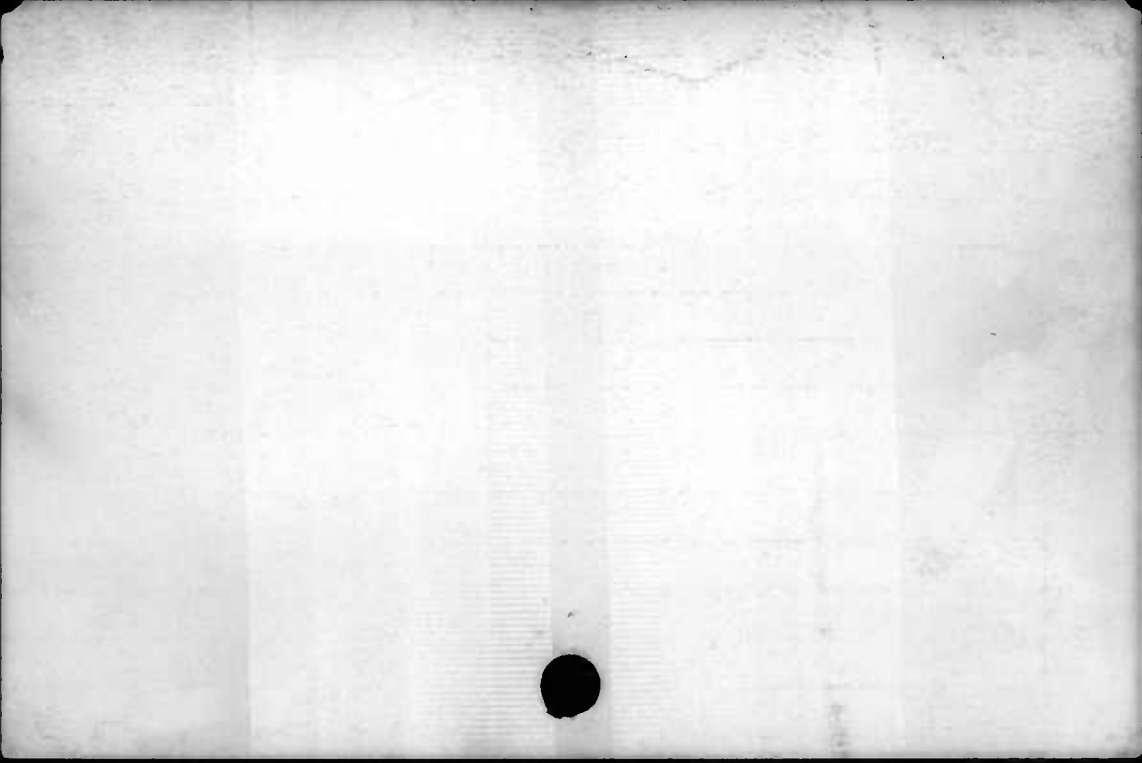
Immediate How long

Are the name, age, sex, color, date and place correctly given above? yes

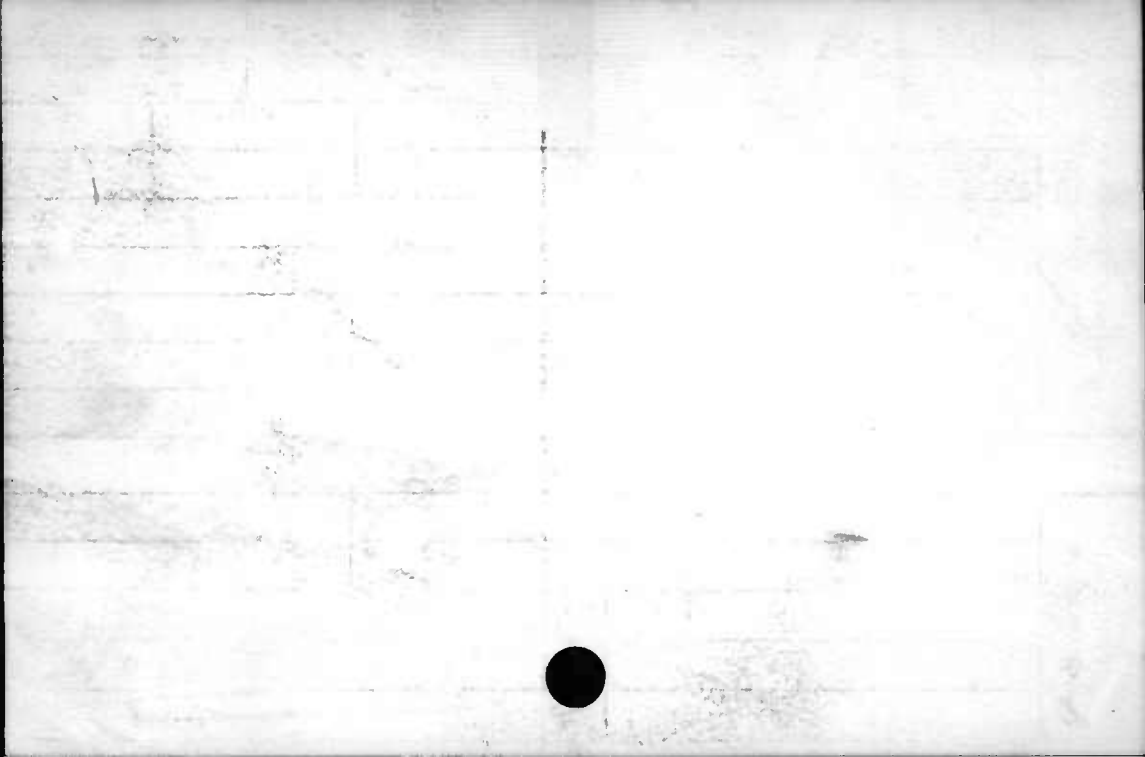
Signature of Physician E. M. Suter

Address Undertakers
Hagerstown, Md.

Accident or Suicide?



Name In Full		Bowers Infant - No 233				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Williamsport</u>		County <u>Washington</u>		MARYLAND		
		Date of death 190 <u>5</u>	Month <u>Jan</u>	Day <u>5</u>	Age <u> </u>	Years <u> </u>	Months <u> </u>	Days <u>9</u>
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Williamsport</u>		
		Married, Single or Widowed <u>Single</u>		Occupation <u> </u>				
		Name of Wife or Husband <u> </u>						
		Father's Name <u>Wesley Eugene Bowers</u>				Father's Birthplace <u>Sharpsburg</u>		
		Mother's Maiden Name <u>Laura W. Dixon</u>				Mother's Birthplace <u> </u>		
Name of person giving information <u>W. E. Bowers</u>		How related to deceased <u>Father</u>						
CAUSES OF DEATH								
PHYSICIAN OR CORONER 9		Primary <u>Not fully matured</u>				How long <u>since born</u>		
		Immediate <u> </u>				How long <u> </u>		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <u>No Physician</u>		
		<u>J. F. Kupe</u>				Address <u>Undertaker</u>		
Accident or Suicide? <u> </u>		<u>M a</u>						



Name in Full		Certificate of Death			
Rachel Brooke		MARYLAND			
Died at <i>Hammer</i> Town <i>Washington</i> County					
Date of death 1905	Month 1	Day 7	Age 67	Months 0	Days 26
Sex Female	Color or Race White		Birth-place Felt co Pa		
Occupation		Where Residing if not at place of death			
Married, Single or Widowed Married	Name of Wife or Husband Bro		Brooke		
Father's Name	Moses Ingram		Father's Birthplace Felt co Pa		
Mother's Maiden Name	Mary Hickman		Mother's Birthplace Felt co Pa		
Name of person giving information	Ed. L. Brooke		How related to deceased Son		
CAUSES OF DEATH					
Primary	Erysipelas		How long		
Immediate	Festration		How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician P. Howard Fyfe			
		Address Hume co Md			
Accident or Suicide?					



Name
in
Full

Hubert E. M. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
-NEAREST FRIEND

Died at		Town Bonsboro		County Washington		MARYLAND	
Date of death		1905	Month July	Day 7	Age 3	Years 5	Months 7
Sex Male		Color or Race White		Birth-place Bonsboro, Ind.			
Occupation None		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name John Brown		Father's Birthplace Maryland					
Mother's Maiden Name Ida Sherd		Mother's Birthplace Ohio					
Name of person giving information Ida Brown		How related to deceased Mother.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Double Pneumonia	How long	48 hours
Immediate	Collapse - Shock	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. Hubert Wader, M.D.	
Address		Bonsboro.	
Accident or Suicide?		no	
		Mok Co. Maryland	



Name
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NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *near Dam #6 Washington.*Date of death *1905 January 27th* *Age 51*Sex *Male* Color or Race *White* Birth-placeOccupation *Laborer* Where Residing if not at place of death *Dam #6*

Married, Single or Widowed Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *J. B. Hatten* How related to deceased

CAUSES OF DEATH

Primary *Accidental*How long *8*

Immediate

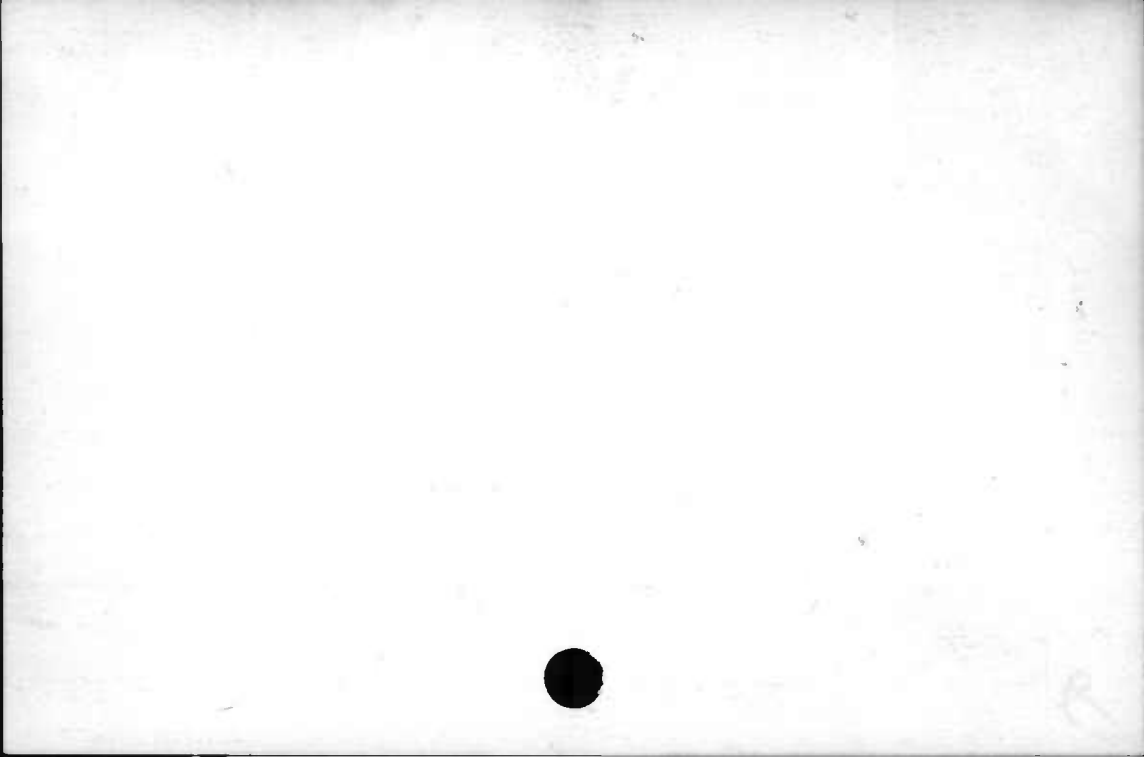
How long

Are the name, age, sex, color, date and place correctly given above?

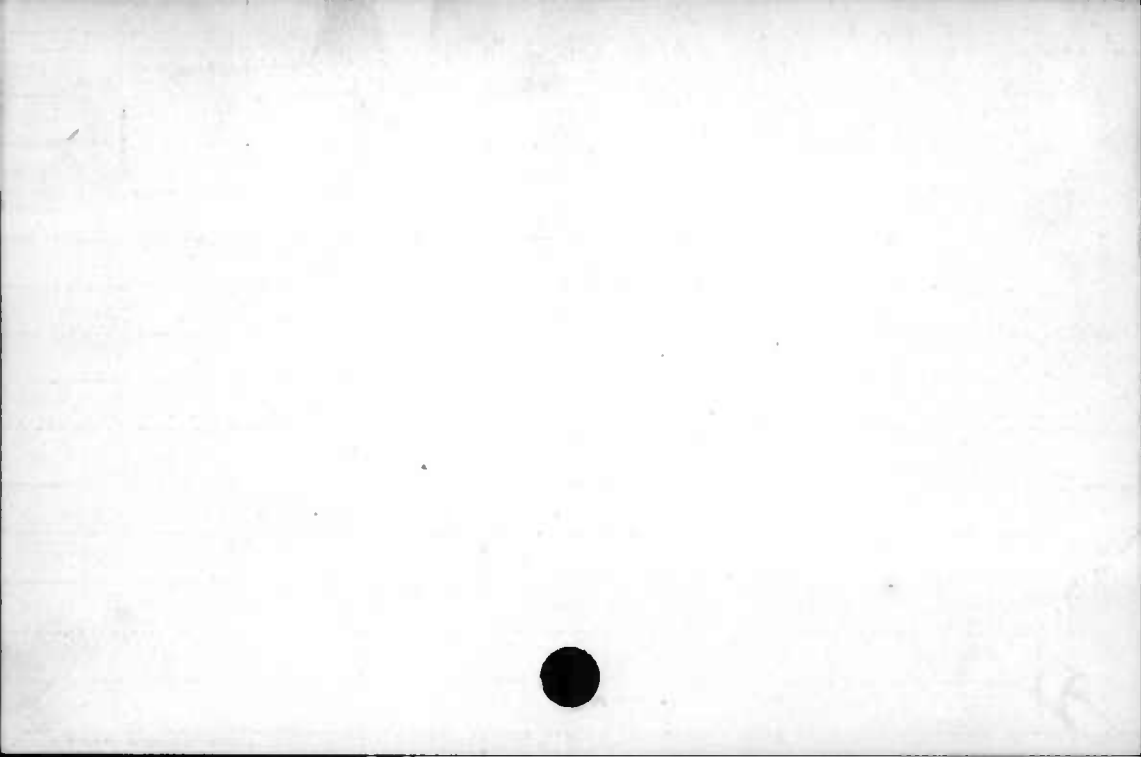
Signature of Physician

Address

Accident or Suicide?



Name In Full		Marry Burrous				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Hagestown	County Washington		MARYLAND	
	Date of death	1905	Month 1	Day 6	Age 70	Years Months	Days
	Sex	Female		Color or Race	Colored		Birth- place
	Occupation	House work		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Not Known				Father's Birthplace	Not Known
	Mother's Maiden Name	"				Mother's Birthplace	"
Name of person giving In formation		John Newman				How related to deceased	Son
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Asthma				How long	NA
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
	Accident or Suicide?				Hagestown Md		



Name
in
Full

CERTIFICATE OF DEATH

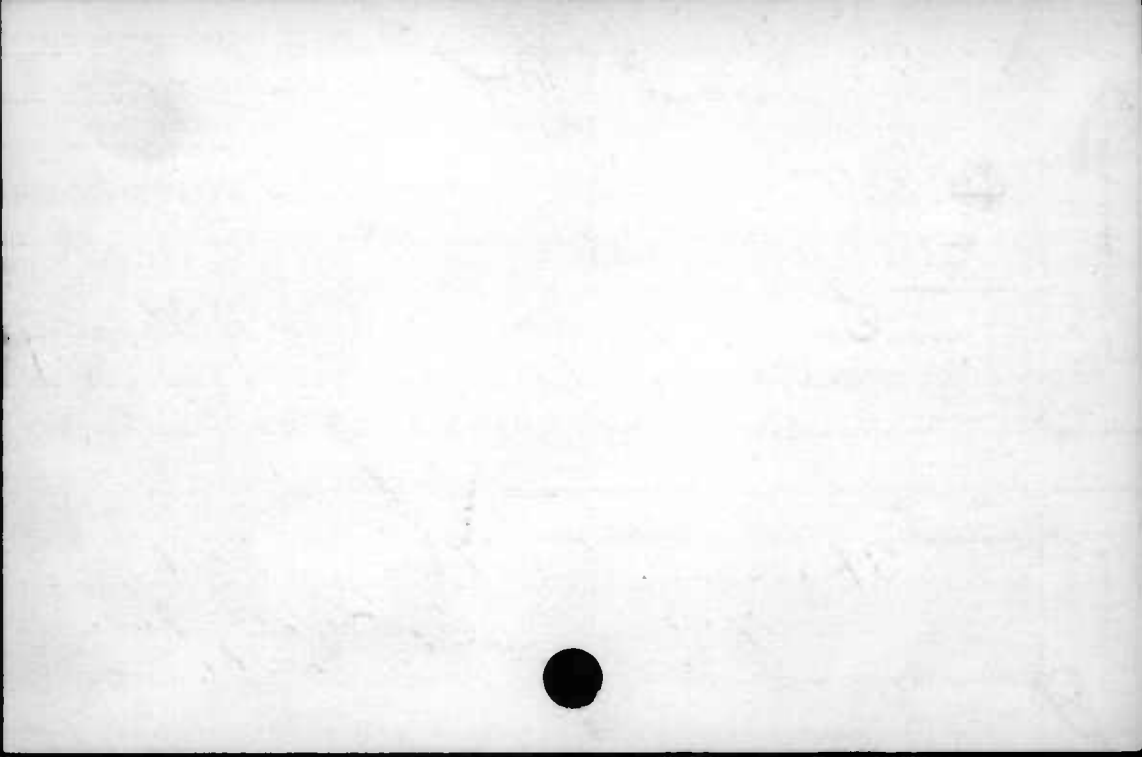
TO BE ANSWERED BY
NEAREST FRIEND


Died at		Town		County		State	
Date of death		Month	Day	Years	Months	Days	
Sex		Color or Race		Birthplace			
Occupation				Where Residing If not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

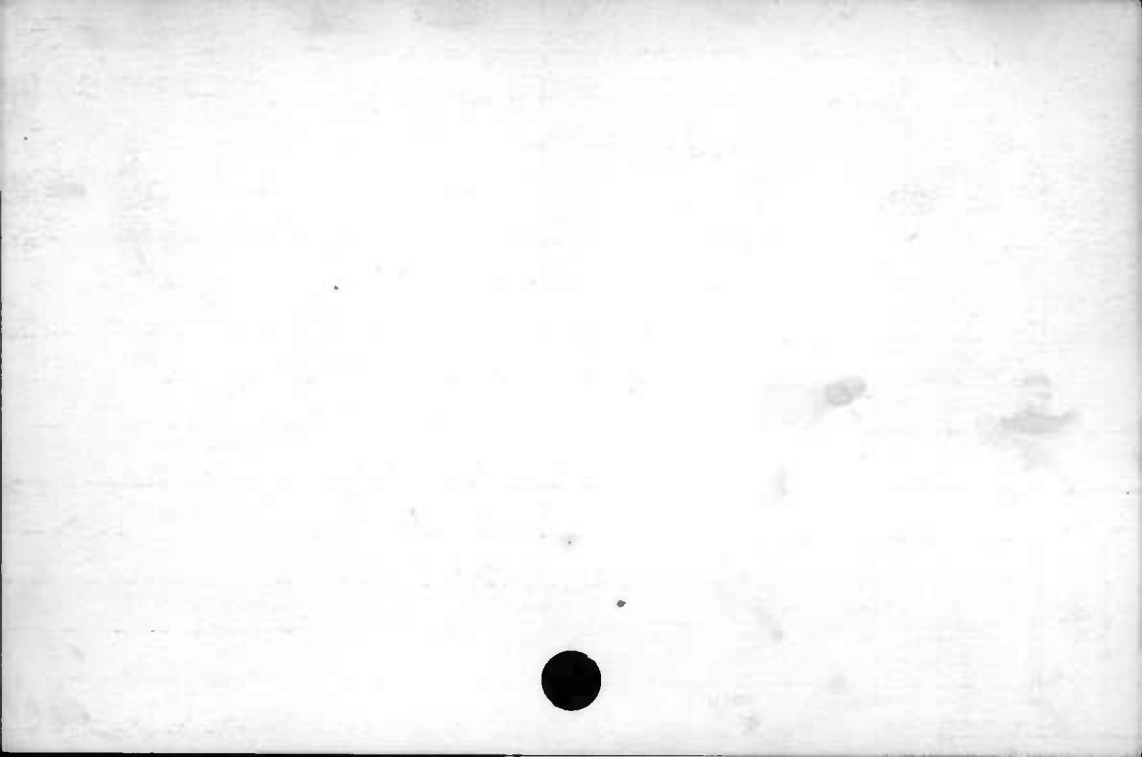
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name in Full		Town				County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Hagerstown</u>				<u>Washington</u>		MARYLAND	
		Date of death <u>1905</u>		Month <u>2</u>	Day <u>6</u>	Age <u>—</u>	Months <u>2</u>	Days <u>7</u>	
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Md</u>			
		Occupation <u>—</u>				Where Residing if not at place of death <u>Hagerstown</u>			
		Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>					
		Father's Name <u>W. D. Calver</u>				Father's Birthplace <u>Md</u>			
		Mother's Maiden Name <u>Anna Jacobs</u>				Mother's Birthplace <u>Md</u>			
PHYSICIAN OR CORONER		Name of person giving information <u>J. D. Calver</u>				How related to deceased <u>Father</u>			
		CAUSES OF DEATH							
		Primary				How long			
		Immediate <u>Whooping Cough</u>				How long			
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>				Signature of Physician <u>Wm. D. Calver</u>			
						Address <u>L. M. Watkins</u>			
		Accident or Suicide?							



Name
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NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at *Chewsville* *Washington* CountyDate of death 190 *7* Month *1* Day *24* Age *2* Years Months *8* Days *0*Sex *Male* Color or Race *White* Birth-place *Md*Occupation *Child* Where Residing if not at place of death *C*

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary

How long

Immediate

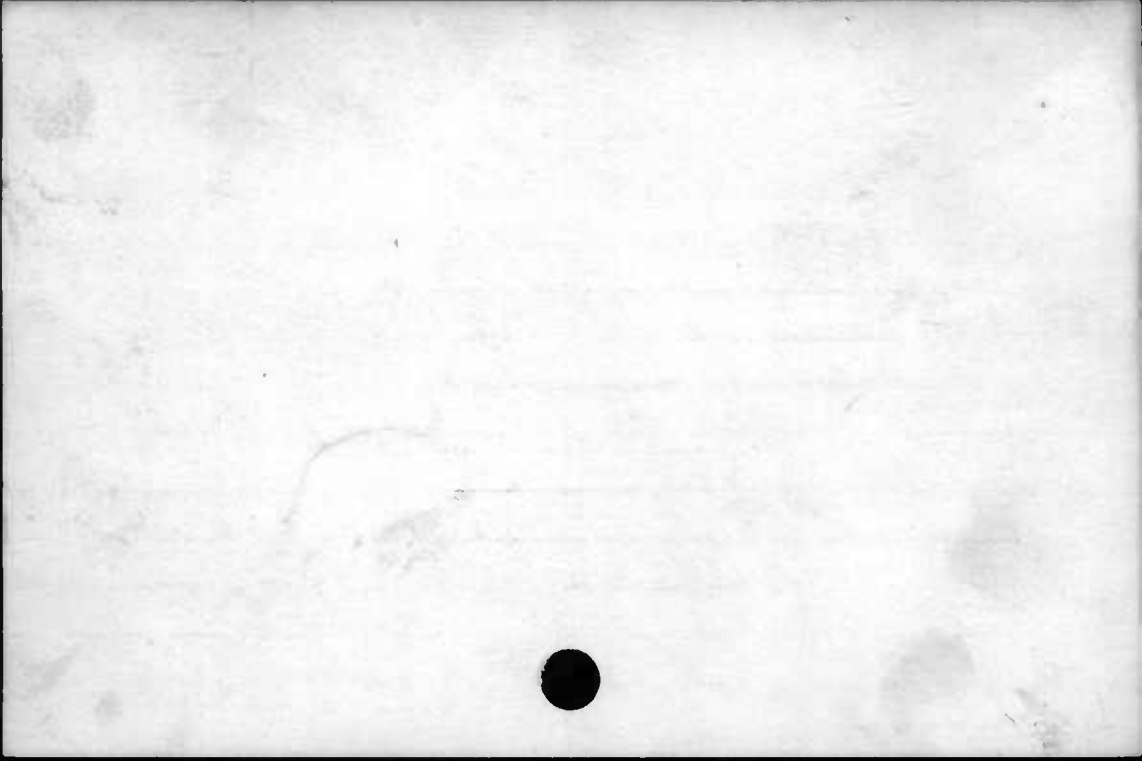
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Addison Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Hancock TownWashington CountyDate of death 1905 Jan

Month

Day

7Age YearsMonths Days 12Sex MaleColor or
RaceWhiteBirth-
placeHancock MdOccupation Where Residing if not
at place of death Married, Single
or Widowed Name of Wife or
Husband Father's
NameAddison B CollinsFather's
BirthplaceWest Va.Mother's
Maiden NameMary BaldwinMother's
BirthplaceTennesseeName of person giving
In formationAddison B CollinsHow related
to deceasedFather

CAUSES OF DEATH

Primary

How long

Immediate

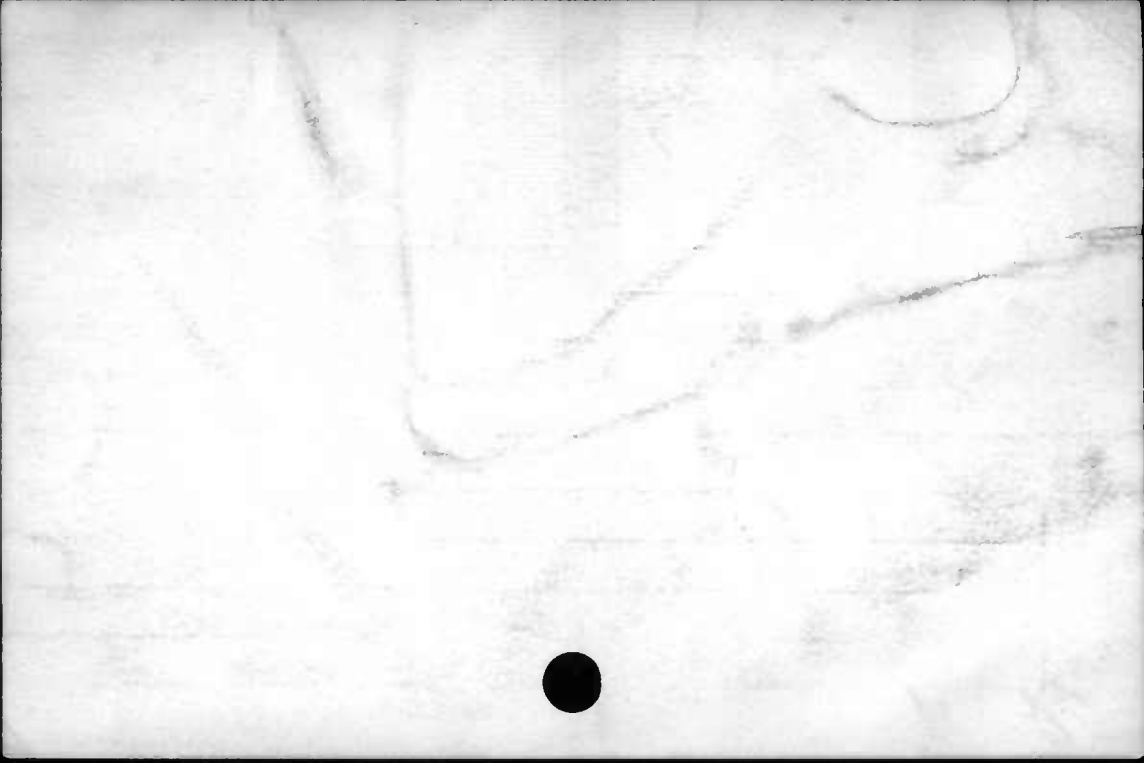
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

P E SlegersHancock Md

Accident or Suicide?



Name
in
Full

Kitty Lizzie Cunningham

CERTIFICATE OF DEATH

MARYLAND

Died at *Hancock* Town*Washington* CountyDate of death *1905 Jan* MonthDay *23*

Age Years

Months *One*Days *15*Sex *Female*Color or Race *White*Birthplace *Hancock*

Occupation

Where Residing if not
at place of death
*" "*Married, Single
or WidowedName of Wife or
HusbandFather's Name *Chas. W. Cunningham*Father's Birthplace *Hancock*Mother's Maiden Name *Emma Sue Royall*Mother's Birthplace *Hancock*Name of person giving
In formation *Emma Sue Cunningham*How related
to deceased *Mother*

CAUSES OF DEATH

Primary

Cerebral fever

How long

1 week

Immediate

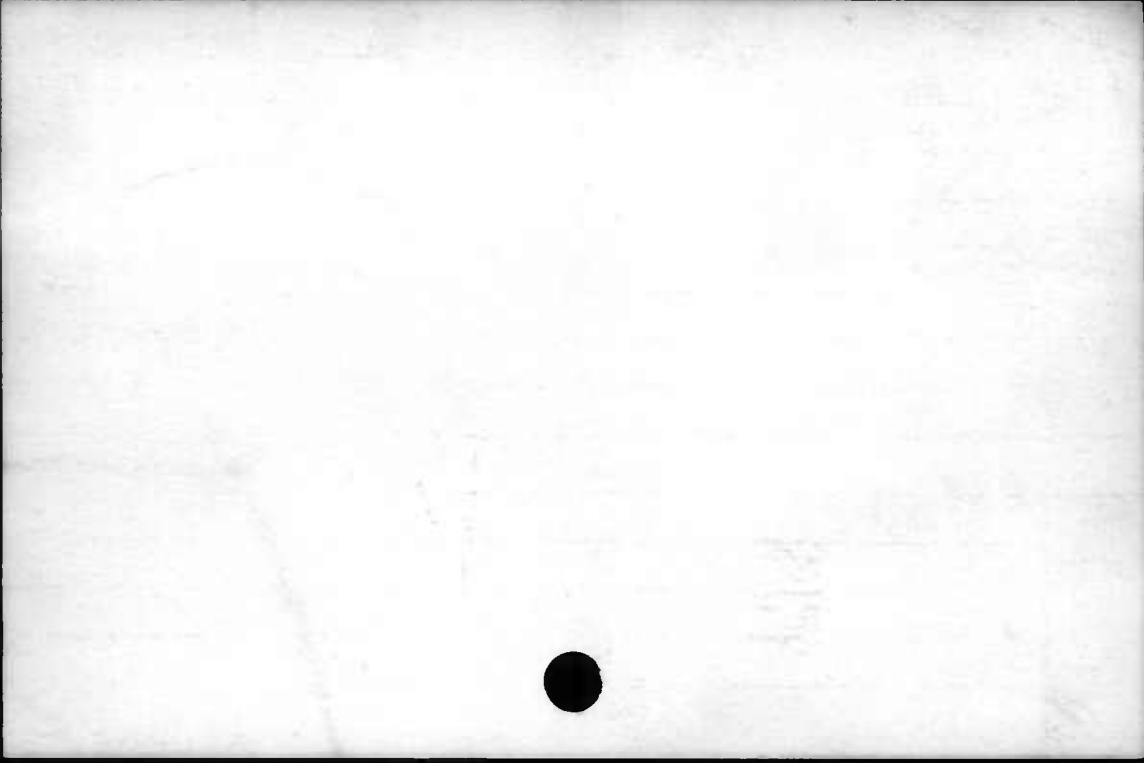
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*Howard L. Lewis
Hancock Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Paul B. Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Boonsboro</i> ^{Town}		<i>Wash</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i> -	<i>Jan</i> ^{Month}	<i>20</i> ^{Day}	Age <i>32</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Boonsboro</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Type writer Rep.</i>				
Name of Wife or Husband <i>Nadine Morales</i>					
Father's Name <i>Horisly J. Davis</i>			Father's Birthplace <i>Boonsboro</i>		
Mother's Maiden Name <i>Harriet Branham</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Horisly Davis</i>			How related to deceased <i>Father</i>		

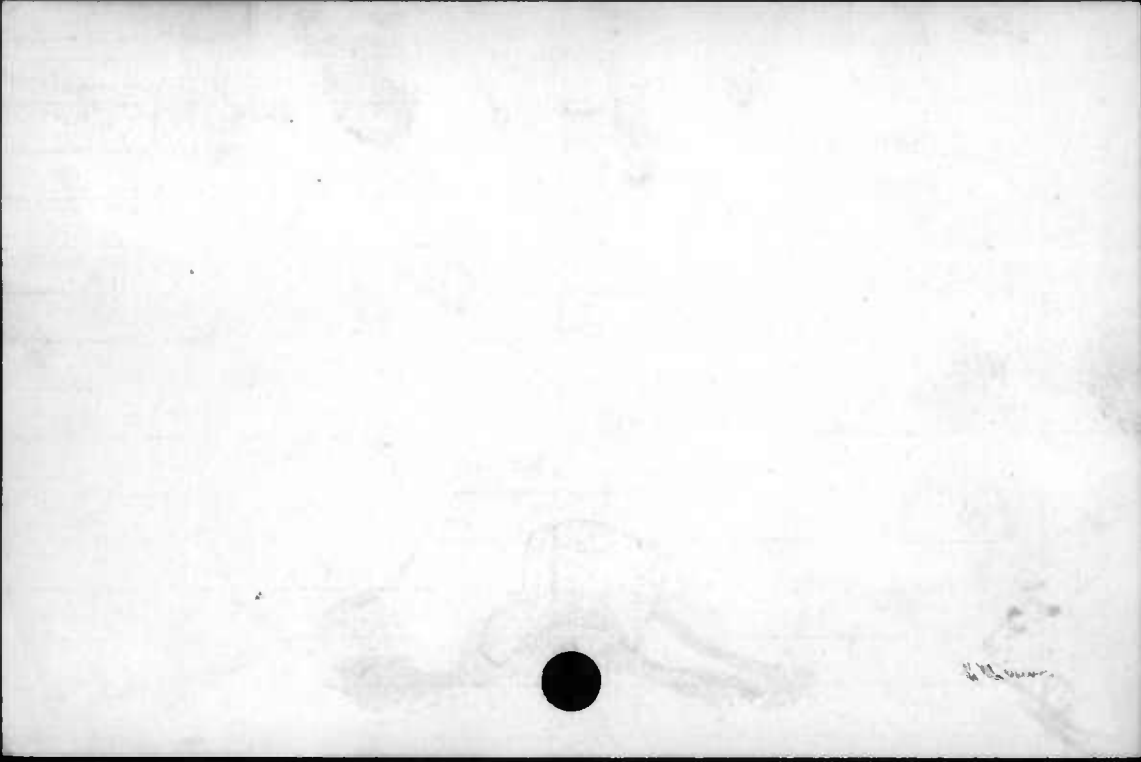
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phtisis</i>	How long <i>2 yrs</i>
Immediate <i>Hemorrhage</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. S. Davis M.D.</i>
	Address <i>Boonsboro Md</i>
Accident or Suicide? <i>No</i>	



Name in Full		CERTIFICATE OF DEATH			
John A Easterday		Died at <i>Meatheds ville</i> <i>Washington</i> County <i>MARYLAND</i>			
Date of death 1905		Month	Day	Years	Months
Jan		9	75	4	16
Sex		Color or Race	Birthplace		
Male		White	<i>Washington Co</i>		
Occupation		Where Residing if not at place of death			
Labourer		<i>Meatheds ville</i>			
Married, Single or Widowed		Name of Wife or Husband			
Widower		Wife dead			
Father's Name		Father's Birthplace			
George Easterday		not known			
Mother's Maiden Name		Mother's Birthplace			
not known		X			
Name of person giving information		How related to deceased			
Mary Miller		Daughter			
CAUSES OF DEATH					
Primary		How long			
General Debility		2 yrs			
Immediate		How long			
Cardiac Exhaustion		1 day			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		V. M. Richard			
		Address			
		Fair play,			
Accident or Suicide?					



Name
In
Full

Nathl. E. Ehlman

CERTIFICATE OF DEATH

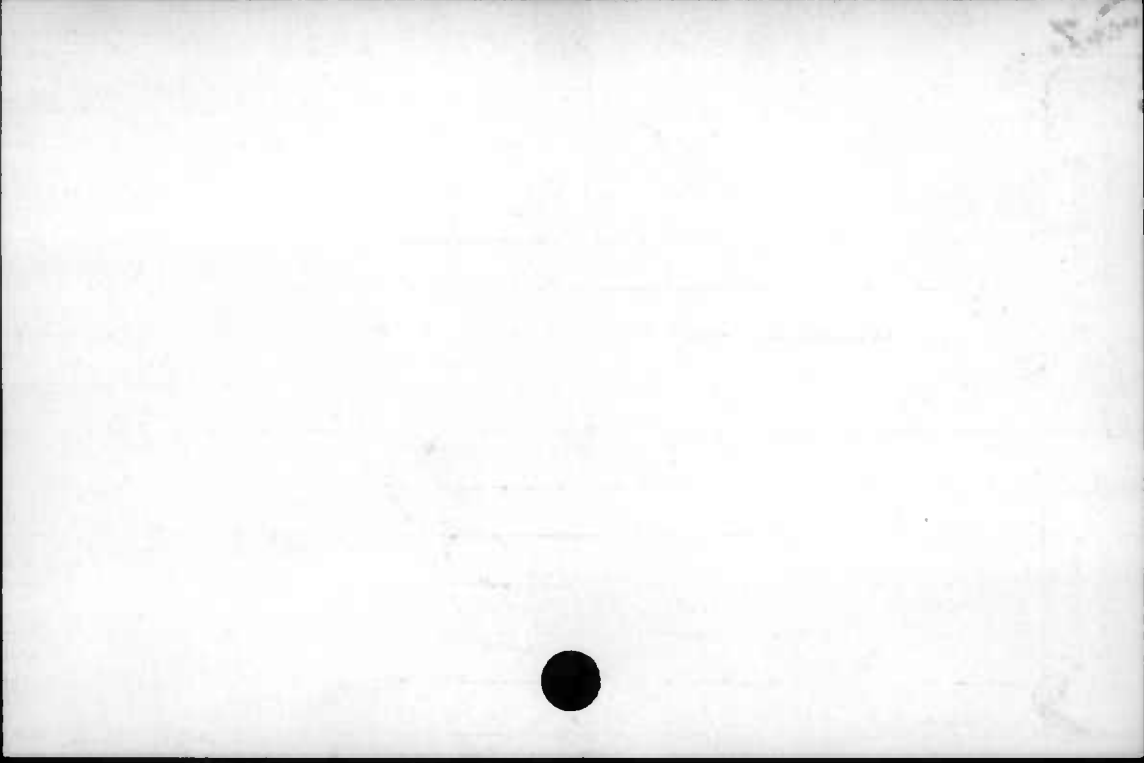
TO BE ANSWERED BY
NEAREST FRIEND

Died at Reids		Town Mah.		County		MARYLAND	
Date of death	1905	Month 1	Day 16	Age 23	Years	Months	Days
Sex Female	Color or Race white		Birth-place Penn.?				
Occupation House duties	Where Residing If not at place of death						
Married, Single or Widowed Married	Name of Wife or Husband Adam B. Ehlman						
Father's Name John Gross	Father's Birthplace Pa.						
Mother's Maiden Name Elizabeth Shank	Mother's Birthplace Pa.						
Name of person giving information Levi Martin	How related to deceased Brother in law						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Puerperal Fever	How long
Immediate Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician D. B. R. Miller
	Address Mason
Accident or Suicide? No	



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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1904</i> ^{Month} <i>1</i> ^{Day} <i>4</i>		Age <i>77</i> ^{Years}		<i>—</i> ^{Months} <i>—</i> ^{Days}	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Md</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Emmanuel Fleagle</i>			
Father's Name <i>John Weibel</i>		Father's Birthplace <i>not known</i>			
Mother's Maiden Name <i>not known</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Samuel J. Fleagle</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>66</i>
Immediate <i>Paralysis</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>Yes</i>	Address <i>Chas. B. Ryals, M.D.</i>
Accident or Suicide?	

Charmy

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>James T. Gannon</i>		Town <i>Hammock</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hammock</i>							
Date of death <i>1905</i>	Month <i>1</i>	Day <i>30</i>	Age <i>28</i>	Years <i>=</i>	Months <i>9</i>	Days <i>19</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Hammock</i>				
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Edward B. Gannon</i>				Father's Birthplace <i>Wva</i>			
Mother's Maiden Name <i>Elizabeth McAnney</i>				Mother's Birthplace <i>Wva</i>			
Name of person giving information <i>Elizabeth McAnney</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>1 week</i>
Immediate <i>Aspiration</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>[Signature]</i>
<i>Yes</i>	Address <i>Hammock</i>
Accident or Suicide? <i>No</i>	<i>[Signature]</i>



Name
in
Full

Mary A Galtmasher

CERTIFICATE OF DEATH

State

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at Locust-Town

County Washington

Date
of death 1905

Month 1

Day 25

Age 38

Years

Months 4

Days 1

Sex

Female

Color or
Race

White

Birth-
place

Capland

Occupation

House Wife

Where Residing if not
at place of death

Locust-Grove

Married, Single
or WidowedName of Wife or
Husband

John W Galtmasher

Father's
Name

Daniel M Mullendon

Father's
Birthplace

Petersville

Mother's
Maiden Name

Mary E Brachley

Mother's
Birthplace

Broad Run

Name of person giving
In formation

John Galtmasher

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Typhoid Fever

How long

3 weeks

Immediate

Paralysis with congestion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

S. S. Davis

Address

Bronsboro

md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name

in
Full

John Kuhner Grosh.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Charlton, Washington, MARYLAND
 Date of death 1965 12th 3 Age 49,
 Sex male, Color or Race white, Birth-place MD
 Occupation Merchant, Where Residing if not at place of death Charlton
 Married, ~~Single~~ or Widowed, Name of Wife or Husband

Father's Name John Grosh, Father's Birthplace MD
 Mother's Maiden Name Mary Buckey, Mother's Birthplace MD
 Name of person giving information Clara Grosh, How related to deceased Daughter

CAUSES OF DEATH

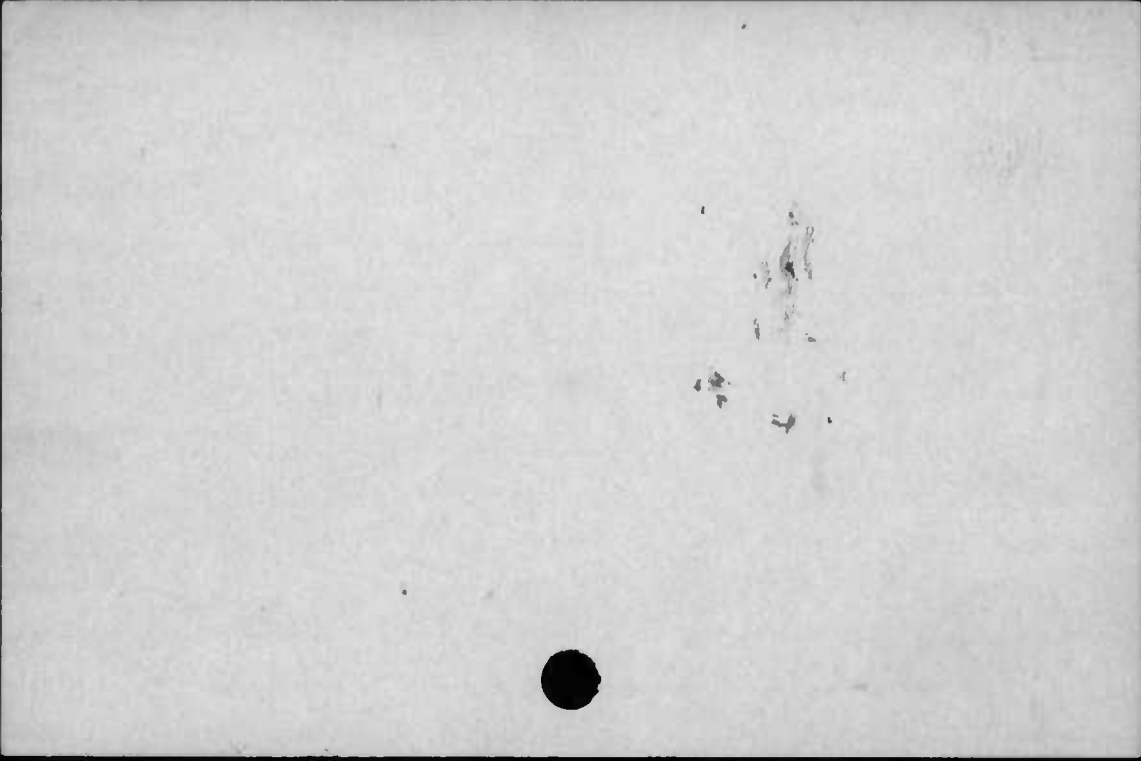
Primary La grippe, How long One week
 Immediate Heart failure, How long Twenty four hours
 Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

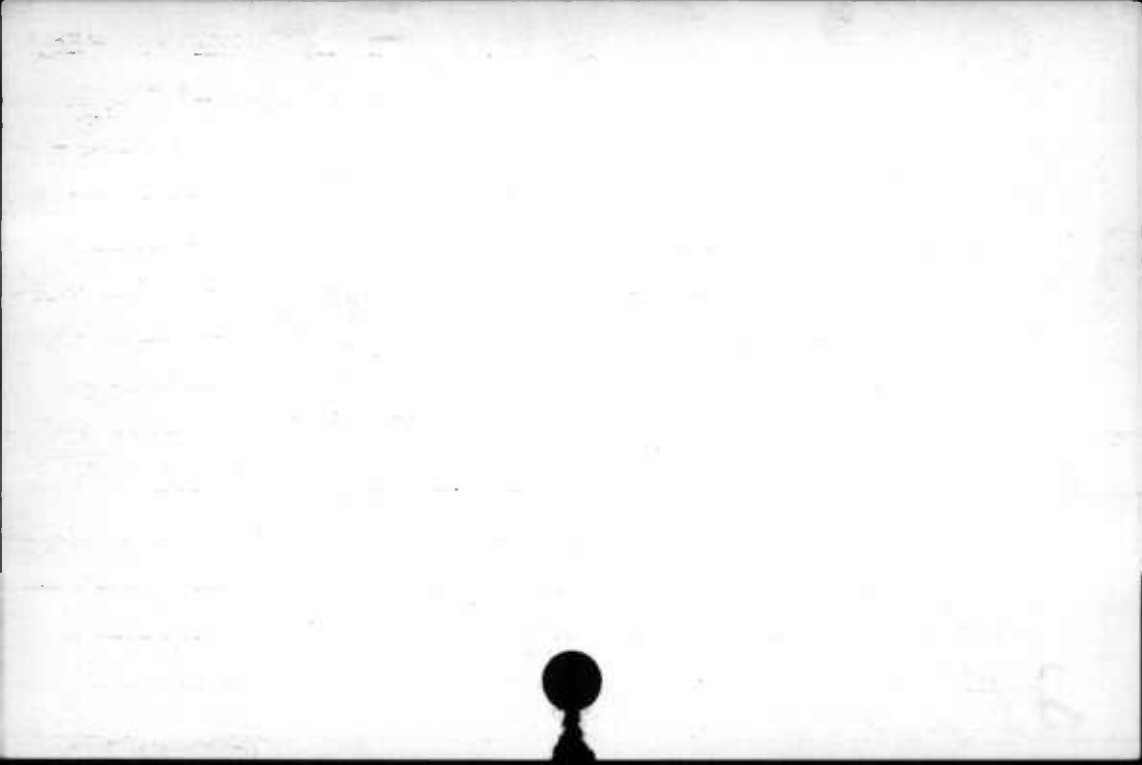
Address

Abraham ShankClearspringWashington Co. Md

Accident or Suicide?



Name in Full Alton Hahn		CERTIFICATE OF DEATH			
Town NEER Blue Mountain		County Washington		MARYLAND	
Died at		Date of death		Age	
Month January		Day 15		Years —	
Sex Male		Color or Race White		Birthplace Blue Mountain	
Occupation —		Where Residing if not at place of death —			
Married, Single or Widowed —		Name of Wife or Husband Carrie B. Hahn			
Father's Name George C. Hahn		Father's Birthplace NEER Blue Mountain			
Mother's Maiden Name —		Mother's Birthplace —			
Name of person giving information George C. Hahn		How related to deceased Father			
CAUSES OF DEATH					
Primary		How long		1 day	
Immediate Note known		How long		1 day	
Are the name, age, sex, color, date and place correctly given above? yes.		Signature of Physician George C. Hahn			
		Address Edgmont			
Accident or Suicide? —					



Name
in
Full

Lydia A. Harne.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Spickler.		County Washington.		MARYLAND	
Date of death	1905	Month 1	Day 1	Age	68	Years	Months —
Sex	Female.		Color or Race	white		Birth-place	St Paul Md
Occupation	Housewife.			Where Residing if not at place of death Spickler Md			
Married, Single Widowed	Name of Wife or Husband			George Harne.			
Father's Name	Samuel Winders.				Father's Birthplace	Pa	
Mother's Maiden Name	Susan Newcumber.				Mother's Birthplace	Md	
Name of person giving information	Mrs Geo Mich.				How related to deceased	sister.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cataract of Stomach	How long	Five years
Immediate	Heart failure	How long	One week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Abraham Shank
		Address	Clearspring Washington Co. Md.
Accident or Suicide?			



Name
in
Full

Sarah. Henderson. No 235

CERTIFICATE OF DEATH

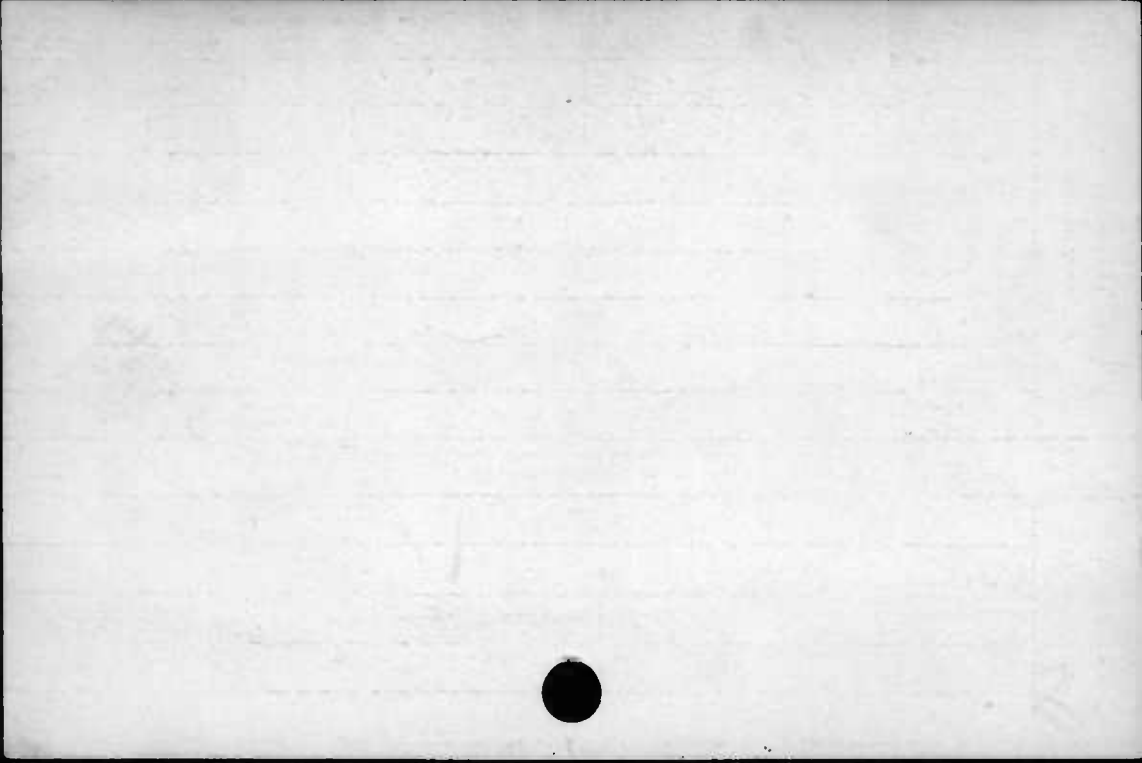
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Williamsport</i>		County <i>Washington</i>		MARYLAND	
Date of death 190	5	Month <i>1</i>	Day <i>14</i>	Age <i>79</i>	Years	Months <i>2</i>	Days <i>6</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Franklin, Co. Pa.</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>House Keeping</i>					
Name of Wife or Husband							
Father's Name <i>Wm H. Henderson</i>				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation <i>Immanuel Hoffman</i>				How related to deceased <i>Been living in the family for 50 yrs</i>			

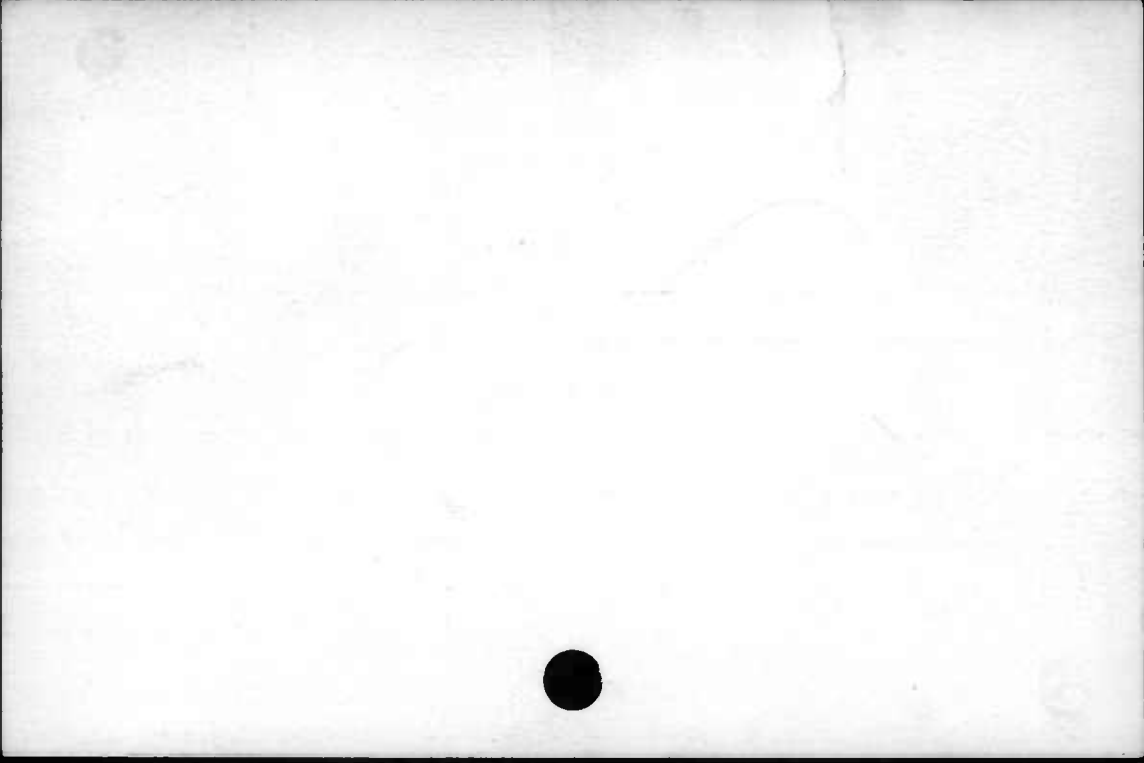
CAUSES OF DEATH

PHYSICIAN
OR CORONER

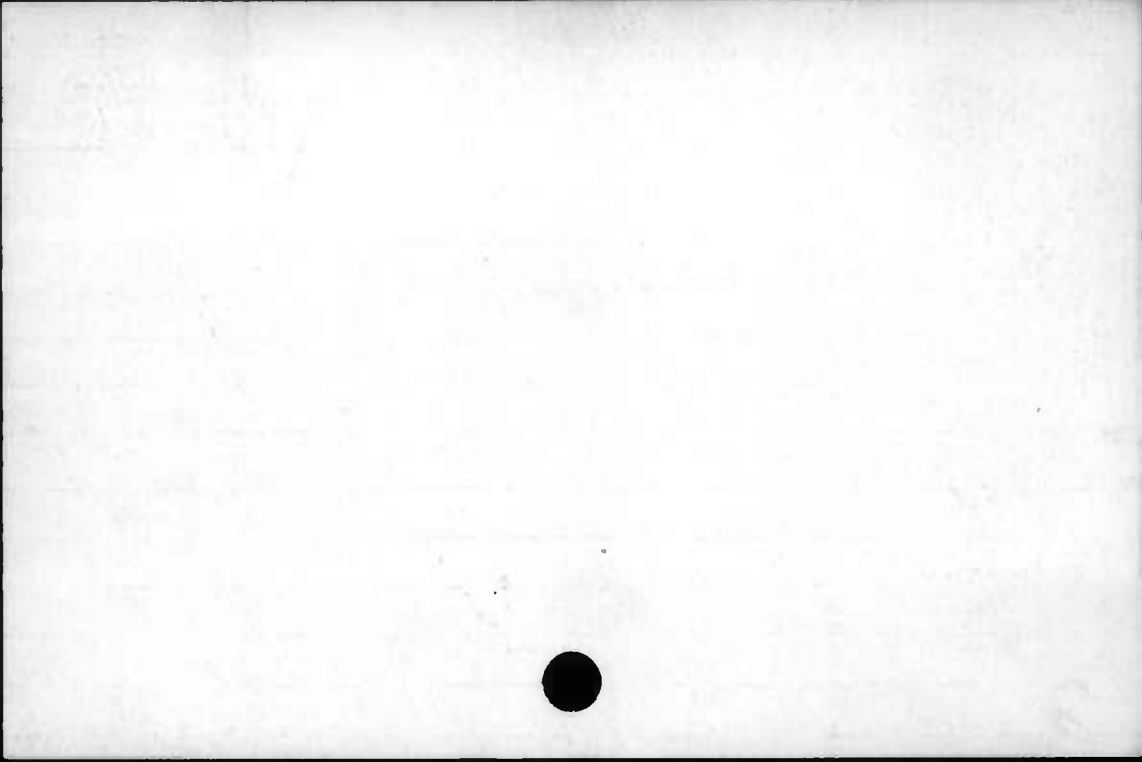
Primary	<i>No Particular Primary Cause</i>	How long	<i>about 4 weeks</i>
Immediate	<i>old age</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Samuel K. Sweeney M.D.</i>	
		Address <i>Williamsport, Md.</i>	
Accident or Suicide?			



Name in Full		Vern S. Herr		CERTIFICATE OF DEATH	
Died at		Town	County	MARYLAND	
Boonsboro		Washington			
Date of death		Month	Day	Age	Years Months Days
1905		July	9	68	
Sex		Color or Race	Birth-place		
Male		White	Montclair		
Occupation		Where Reading if not at place of death			
Leaves					
Married, Single or Widowed		Name of Wife or Husband			
Single					
Father's Name		Father's Birthplace			
Emmanuel Herr		E			
Mother's Maiden Name		Mother's Birthplace			
Catherine Petrie					
Name of person giving information		How related to deceased			
Daniel Herr		Brother			
CAUSES OF DETH					
Primary		How long			
Mitral Regurgitation		6 years			
Immediate		How long			
Syncope		Suddenly			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
yes.		J. Hubert Wade, M.D.			
		Address			
		Boonsboro,			
		Wash. Co. Maryland,			
Accident or Suicide?					
No.					



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Indian Springs</i> <small>Town</small>		<i>Washington</i> <small>County</small>		
		Date of death <i>1905</i>		Month <i>Jan.</i>	Day <i>26th</i>	Age <i>7</i> <small>Years</small>
		Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place <i>Indian Springs</i>	
		Occupation <i></i>		Where Residing if not at place of death <i></i>		
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>		
		Father's Name <i>John H. Hetzer Jr.</i>		Father's Birthplace <i>Indian Springs</i>		
Mother's Maiden Name <i>Dora Grove</i>		Mother's Birthplace <i>Indian Springs</i>				
Name of person giving information <i>Mrs William Greener</i>		How related to deceased <i>Son</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>Intestinal Enteritis</i>		How long <i>105</i> 7 <i>days</i>		
		Immediate <i></i>		How long <i></i>		
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. P. Perry</i>		
		<i></i>		Address <i>Clearspring</i>		
		Accident or Suicide? <i></i>		<i>Med</i>		



Name
in
Full

Christian Holmes

No 234

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Washington</i>		<i>D.C.</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month	<i>11</i>	Day	<i>10</i>	Age	<i>50</i>
Sex <i>Male</i>		Color or Race <i>Col'd</i>		Birthplace <i>Culpepper Va</i>		Months <i>—</i> Days <i>—</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Wash D.C.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lettie Tyler</i>					
Father's Name <i>Jas. Holmes</i>		Father's Birthplace <i>Culpepper Va</i>					
Mother's Maiden Name <i>Anna Bland</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Lettie Holmes</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Trouble - 79</i>	How long	<i>4 m =</i>
Immediate	<i>Heart Failure</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. Luce M.D.</i>	
<i>Dr J. F. Kops</i>		Address <i>Walla Walla Wash</i>	
Accident or Suicide? <i>—</i>		<i>Dr a</i>	

Peperone Cemetery



Name
in
Full

Mrs Mary E Householder

CERTIFICATE OF DEATH

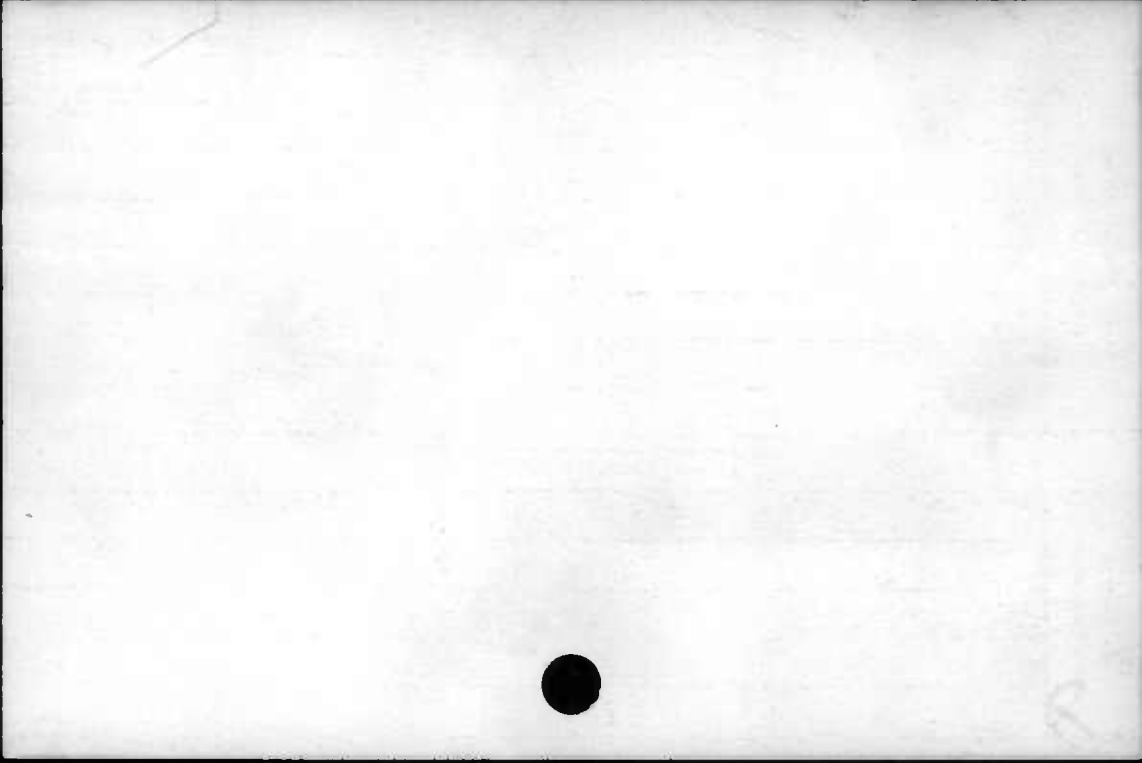
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hagerstown			^{County} Washington			MARYLAND		
Date of death 1905		Month Jan	Day 11	Age 83	Years	Months 9	Days 29	
Sex female		Color or Race white		Birth-place Md				
Occupation			Where Residing if not at place of death					
Married, Single or Widowed widow		Name of Wife or Husband Wm Householder						
Father's Name Geo. Selwicks		Father's Birthplace Md.						
Mother's Maiden Name Elizabeth Nixdorf		Mother's Birthplace "						
Name of person giving information Mrs Flora Hays		How related to deceased daughter						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senility	How long	154
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. M. P. Scott.	
		Address Hagerstown, Md.	
Accident or Suicide? no			



Name
in
Full

CERTIFICATE OF DEATH

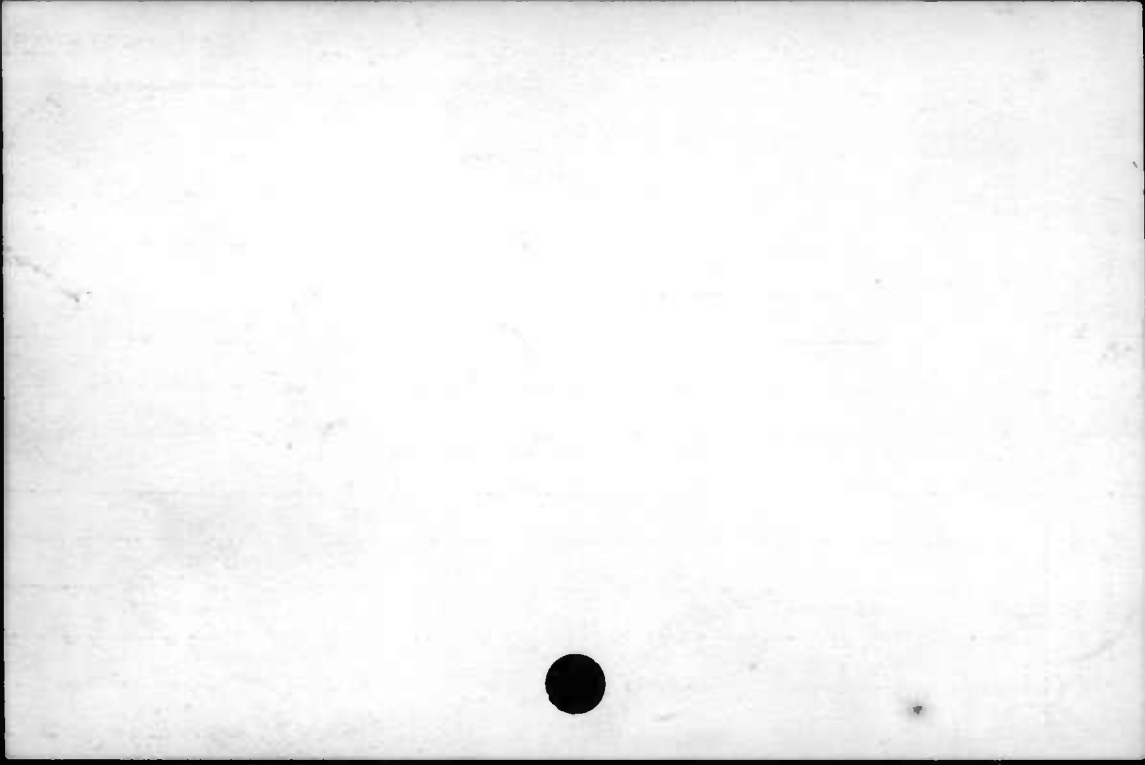
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wagontown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i> <small>Month</small>	<i>1</i> <small>Day</small>	<i>29</i> <small>Age</small>	<i>51</i> <small>Years</small>	<i>9</i> <small>Months</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Va</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Joseph Jacobs</i>			
Father's Name <i>Henry</i>		<i>Ida</i>		Father's Birthplace	
Mother's Maiden Name <i>Hose</i>		Mother's Birthplace			
Name of person giving information				How related to deceased	

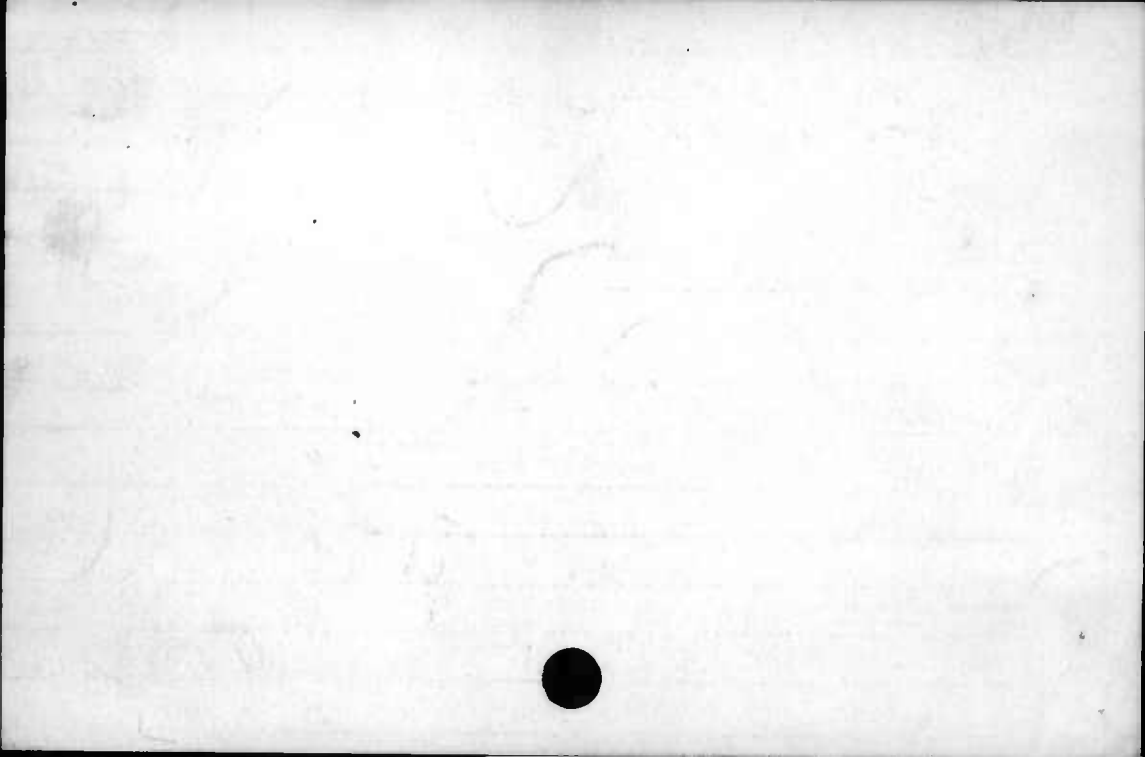
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	<i>90</i> <small>How long</small>	<i>8 weeks</i>
Immediate <i>Heart Failure</i>	<i>12 hours</i> <small>How long</small>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. J. Maynard</i>	
<i>Yes</i>	Address <i>Wagontown</i>	
Accident or Suicide?	<i>No</i>	



Name in Full		CERTIFICATE OF DEATH			
Roger Cullen Jeller		Breatheadsville Washington MARYLAND			
Died at		Town		County	
Date of death		Month	Day	Years	Months
1905		1	16	Age	8
Sex		Color or Race		Birth-place	
Male		White		Breatheadsville	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Single		X			
Father's Name		Father's Birthplace			
Bruce H. Jeller		Washington Co.			
Mother's Maiden Name		Mother's Birthplace			
Bertha M. Barr		Washington Co.			
Name of person giving information		How related to deceased			
Bertha M. Jeller		Mother			
CAUSES OF DEATH					
Primary		How long			
Bronchitis		90		5 days	
Immediate		How long			
Meningitis		36 hours			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		V. M. Reichard			
		Address			
		Fair play			
		md.			
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

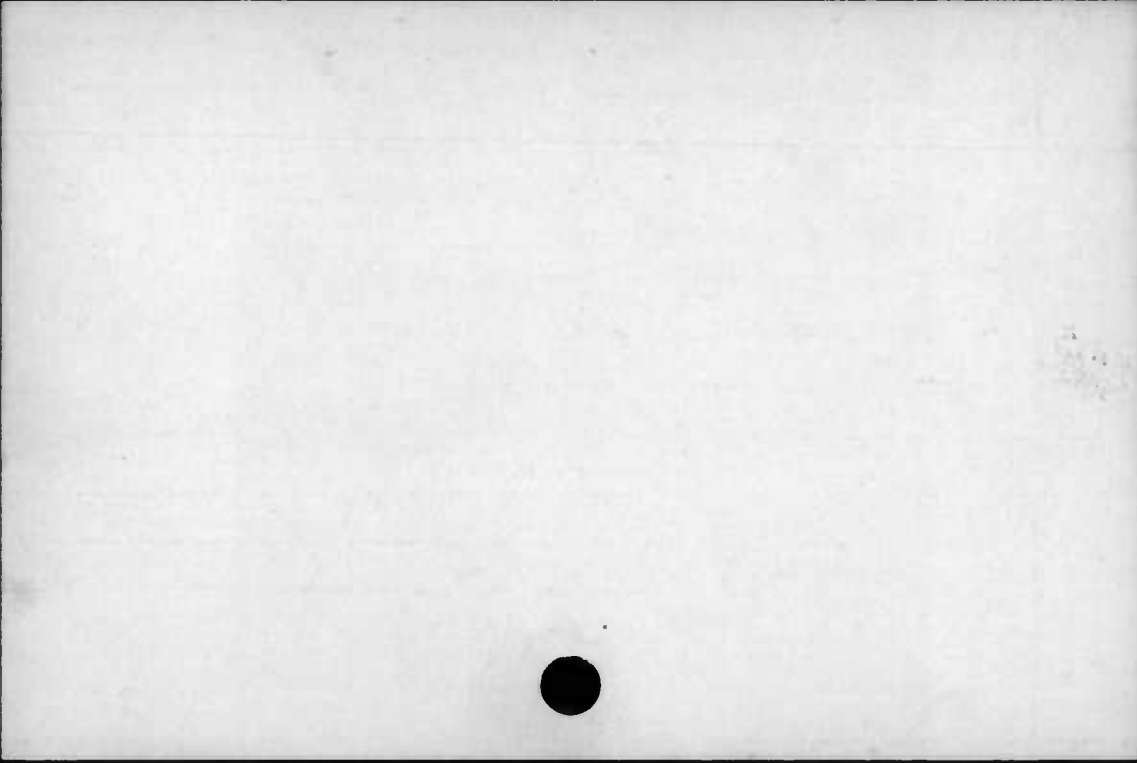
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Miland Kosetty		Town Hagerstown		County Washington		MARYLAND	
Died at		Month		Day 4		Years 12	
Date of death 1900		Month 8		Days 27			
Sex Male		Color or Race White		Birth-place Ind			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name John Kosetty		Father's Birthplace Ind					
Mother's Maiden Name Eva Kosetty		Mother's Birthplace Ind					
Name of person giving information John Kosetty		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Electric Shock	How long
Immediate	Shock	How long
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician E. A. Marshall
		Address
Accident or Suicide?		



Name
in
Full

Daniel J. Krouse

CERTIFICATE OF DEATH

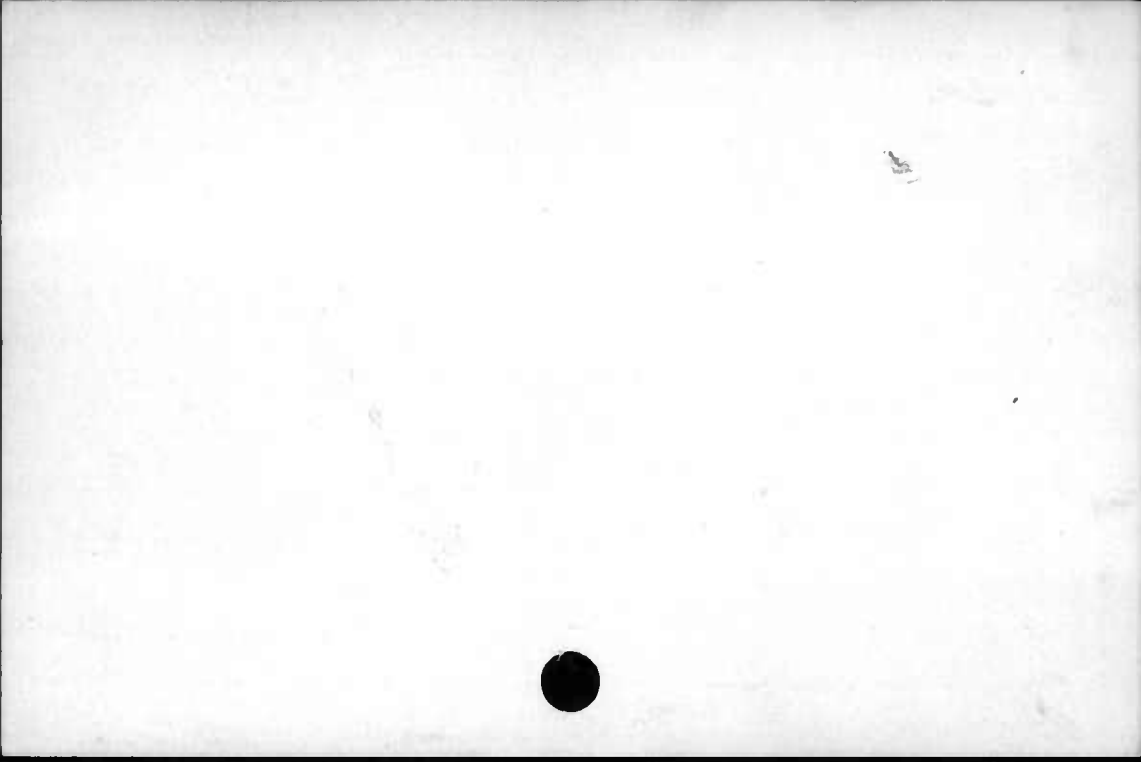
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Cavetown</i>		County <i>Washington</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>1</i>	Day <i>28</i>	Age <i>67</i>	Years <i>4</i>	Months <i>8</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Near Cavetown</i>		
Married, Single or Widowed			Occupation <i>Farmer.</i>		
Name of Wife or Husband <i>Daniel J. Krouse</i>					
Father's Name <i>Peter Krouse</i>			Father's Birthplace <i>Cavetown</i>		
Mother's Maiden Name <i>Susie Kintner</i>			Mother's Birthplace <i>10</i>		
Name of person giving information <i>Miss Florence Krouse</i>			How related to deceased <i>Daughter</i>		

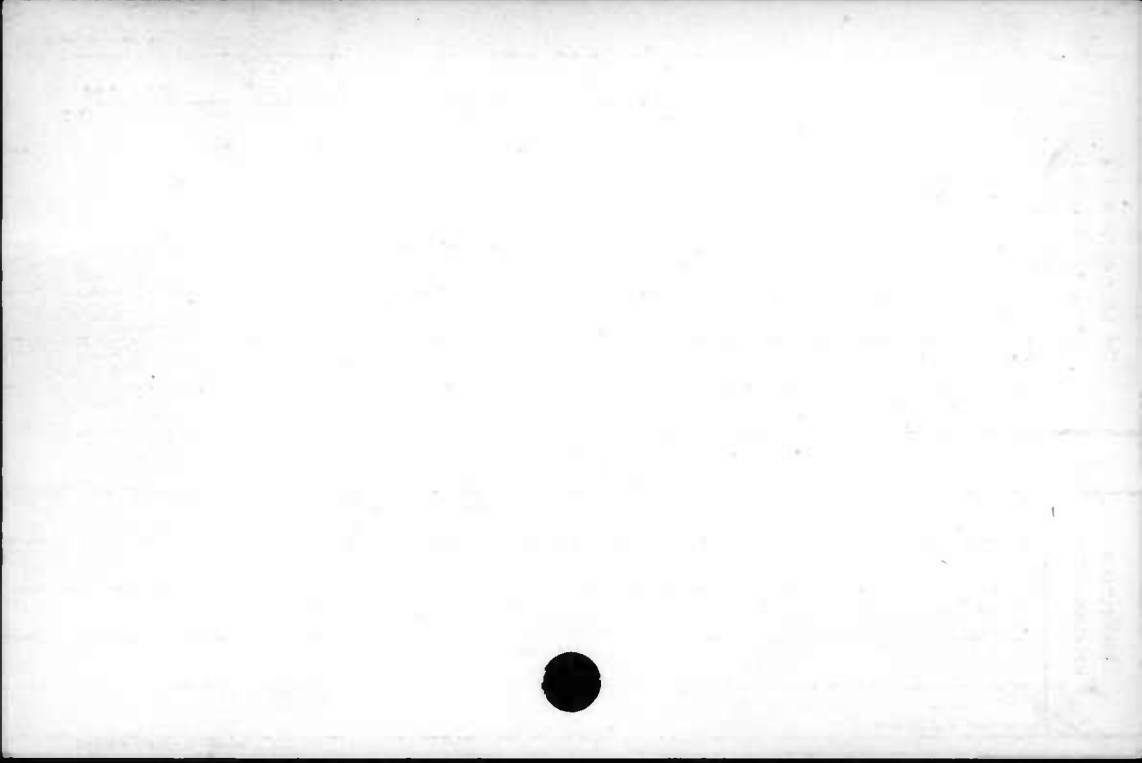
CAUSES OF DEATH

PHYSICIAN
OR CORONER

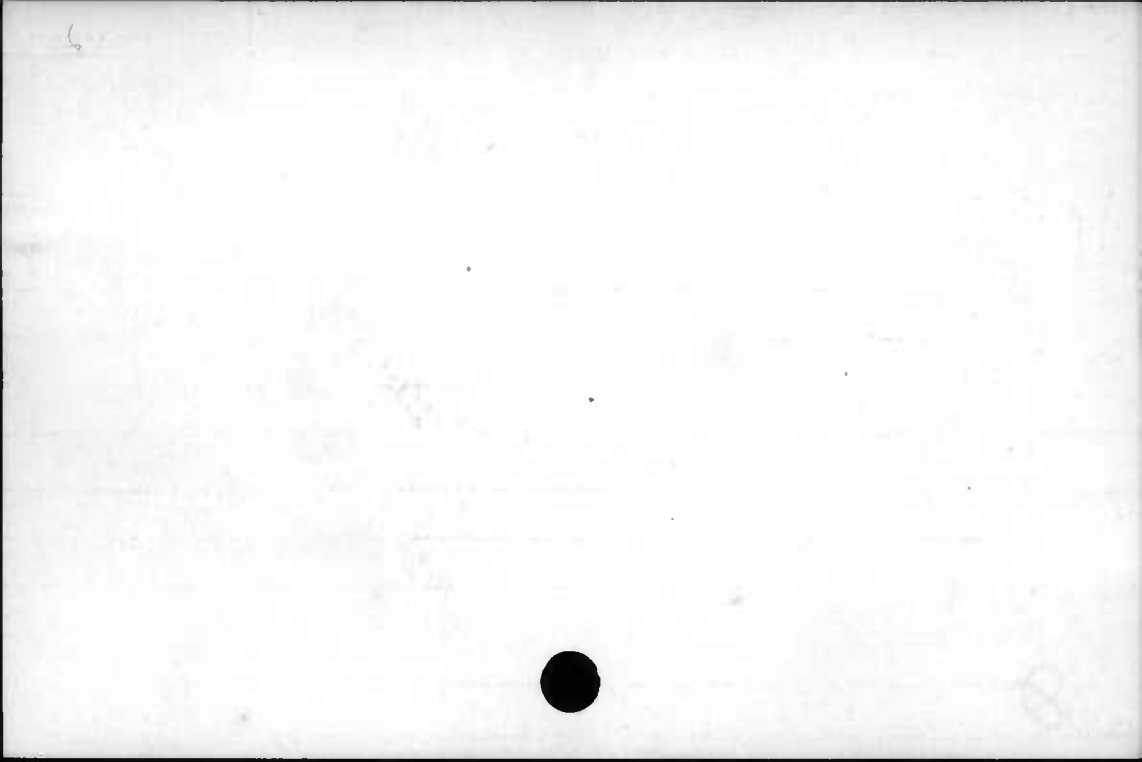
Primary <i>Grp A Pneumonia</i>	How long
Immediate <i>Debility, Congestion of the Lungs</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. T. Garbo</i>
	Address <i>Smithsburg Md,</i>
Accident or Suicide?	



Name in Full		Town				County		CERTIFICATE OF DEATH	
Florence E. Ledy		Bearfoss				Wash.		MARYLAND	
Died at		Date of death		Month	Day	Years	Months	Days	
1905		1		18	Age	40	2		
Sex		Color or Race		Birthplace					
Female		white		Wash. Co. Md.					
Occupation		Where Residing if not at place of death							
Maiden		Home.							
Married, Single or Widowed		Name of Wife or Husband							
Single									
Father's Name		Father's Birthplace							
David Ledy		Md.							
Mother's Maiden Name		Mother's Birthplace							
Annie E. Rhoder		Md.							
Name of person giving information		How related to deceased							
Annie E. Rhoder		Mother							
CAUSES OF DEATH									
Primary		How long							
Melancholia -		3 years -							
Immediate		How long							
Enteritis, & exhaustion -		1 year							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician							
Yes.		M. Perstin Miller							
		Address							
		Hagerstown, Md.							
		A Mangans & son							
Accident or Suicide?									
No									



Name in Full		Mrs Namie C Lewis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Hagerstown		County		Washington
	Date of death		1905 Jan 22		Age		21
	Sex		Female		Color or Race		White
	Occupation		N. W.		Birth-place		Md.
	Married, Single or Widowed		Married		Name of Wife or Husband		Samuel C Lewis
	Father's Name		Geo Ruonissell		Father's Birthplace		Prussia
PHYSICIAN OR CORONER	Mother's Maiden Name		Matthie Clayton		Mother's Birthplace		
	Name of person giving information		Geo Ruonissell		How related to deceased		Father.
	CAUSES OF DEATH						
	Primary		Eclampsia		How long		8 hrs.
Immediate		..		How long		..	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Wm. Preston Miller	
				Address		Hagerstown Md	
Accident or Suicide?		<input checked="" type="checkbox"/>					



Name
in
Full

Laurence Leon Lushbaugh
 Died at ^{Town} *Hayestown* ^{County} *Washington*
 Date of death *1903* ^{Month} *1* ^{Day} *22* ^{Years} *0* ^{Months} *0* ^{Days} *0*

CERTIFICATE OF DEATH

MARYLAND

Sex
Occupation*male*Color or
Race*white*Birth-
place*md*Where Residing If not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Laurence C Lushbaugh*Father's
Birthplace*md*Mother's
Maiden Name*Amy E Pynogle*Mother's
Birthplace*md*Name of person giving
information*Laurence Lushbaugh*How related
to deceased*Father*

CAUSES OF DEATH

Primary

How long

Immediate

Cyanosis

How long

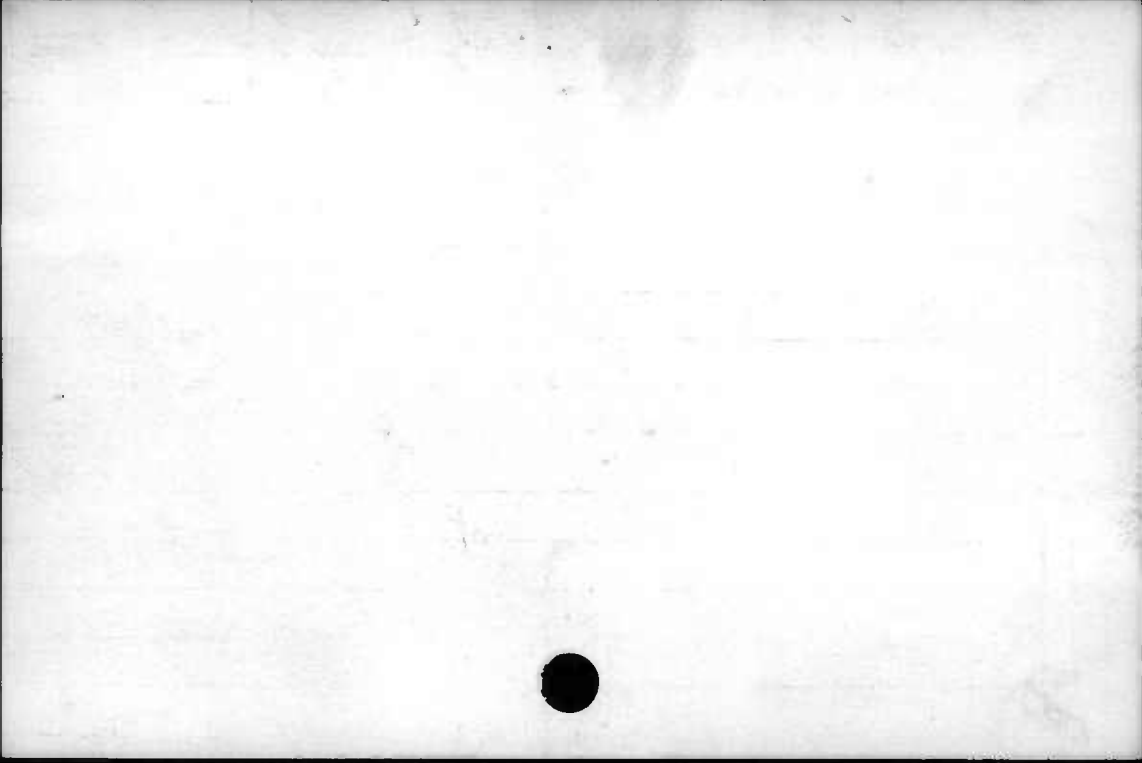
*4 hours*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*H. K. Den-M.D.*

Address

*Hayestown
md.*

Accident or Suicide?

*---*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Novel Delaplaine McKalvey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Hammerock* Town *Washington* County
Date of death *1905* Month *1* Day *6* Age *2* Years *5* Months *17* Days
Sex *Male* Color or Race *White* Birthplace *Hammerock*
Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*
Father's Name *R. C. McKalvey* Father's Birthplace *Hammerock*
Mother's Name *Ann B. McKintley* Mother's Birthplace *do*
Name of person giving information *R. C. McKalvey* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Rheumatism* How long *41*
Immediate *Heart* How long *1 week*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *F. E. Jones*
Address *Hammerock Md.*
Accident or Suicide? *2*



Name
in
Full

CERTIFICATE OF DEATH

Abraham W. S. Miller
Town Hagerstown County Wash.

MARYLAND

Died at
Date of death 1905 1 6 Age 44 Months 5 Days 6

Sex male Color or Race white Birthplace Md.

Occupation Printer Where Residing if not at place of death

Married, Single or Widowed single Name of Wife or Husband

Father's Name Samuel H. Miller Father's Birthplace Md.

Mother's Maiden Name Sarah A. Huffer Mother's Birthplace "

Name of person giving information H. H. Miller How related to deceased brother.

CAUSES OF DEATH

Primary chronic Nephritis

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

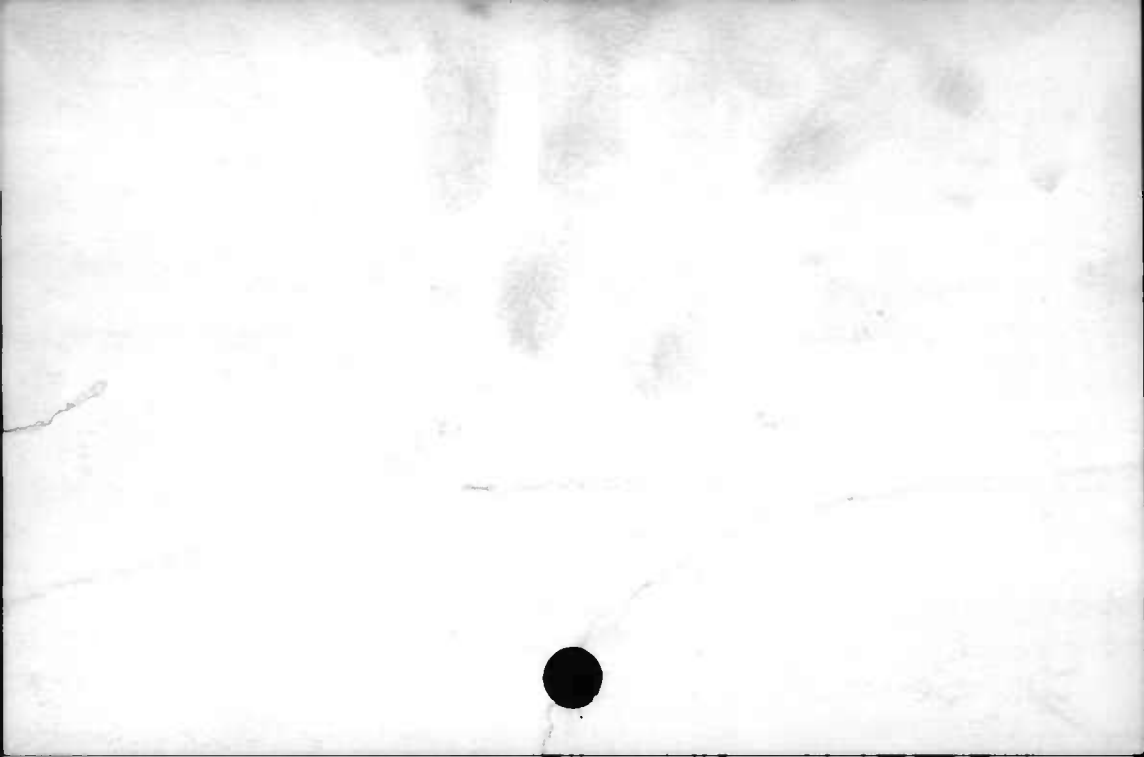
Signature of Physician

Address

A. P. Stauffer.
Hagerstown Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Levin P Morrison* Town *Rockersville* County *Warr.*Date of death *1906*: Month *1* Day *20* Age *66* Years Months *8* Days *14*Sex *male* Color or Race *White* Birthplace *Maryland*Occupation *Laborer* Where Residing If not at place of death *Home*Married, ~~Single~~ *Married* Name of Wife or ~~Wife~~ *Susan*Father's Name *William*Father's Birthplace *Ind*Mother's Maiden Name *Amanda Betty*Mother's Birthplace *Ind*Name of person giving information *John Morrison*How related to deceased *Son*

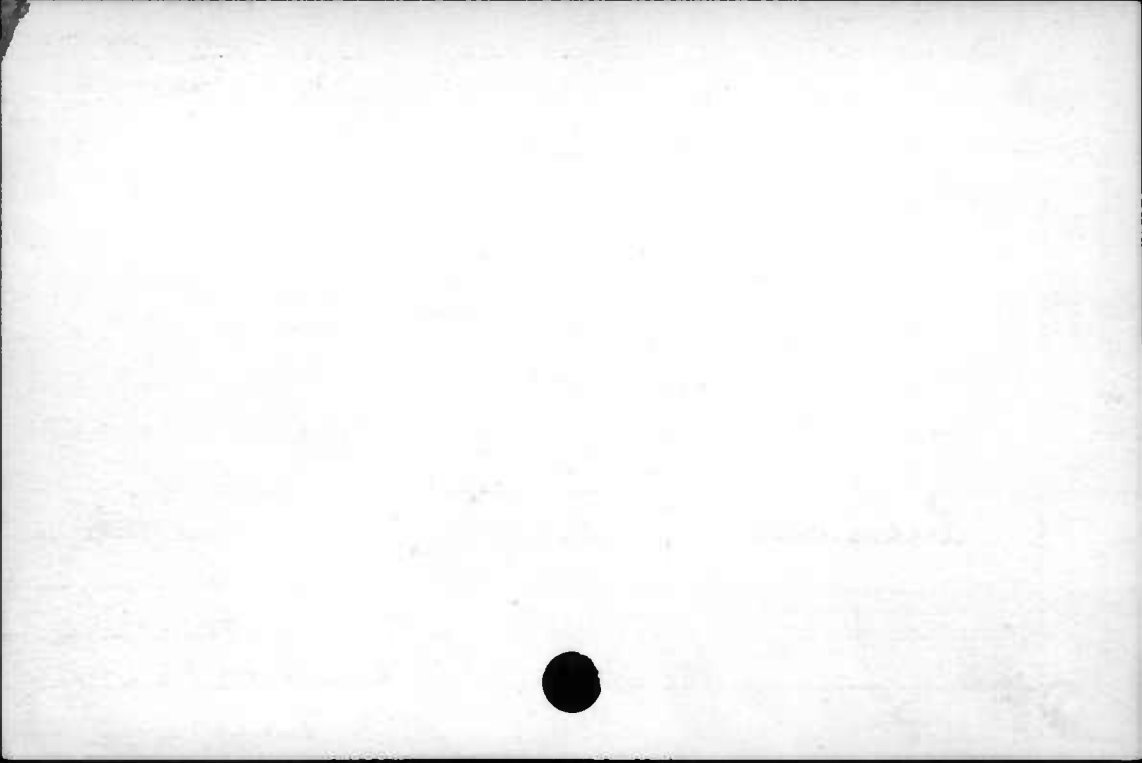
CAUSES OF DEATH

Primary *Consumption*How long *20 years*Immediate *Hemorrhage*How long *15 days*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*C. D. Baker Ind**Rockersville Ind*Accident or Suicide? *no*



Name
in
Full

John B. Newcomer.

CERTIFICATE OF DEATH

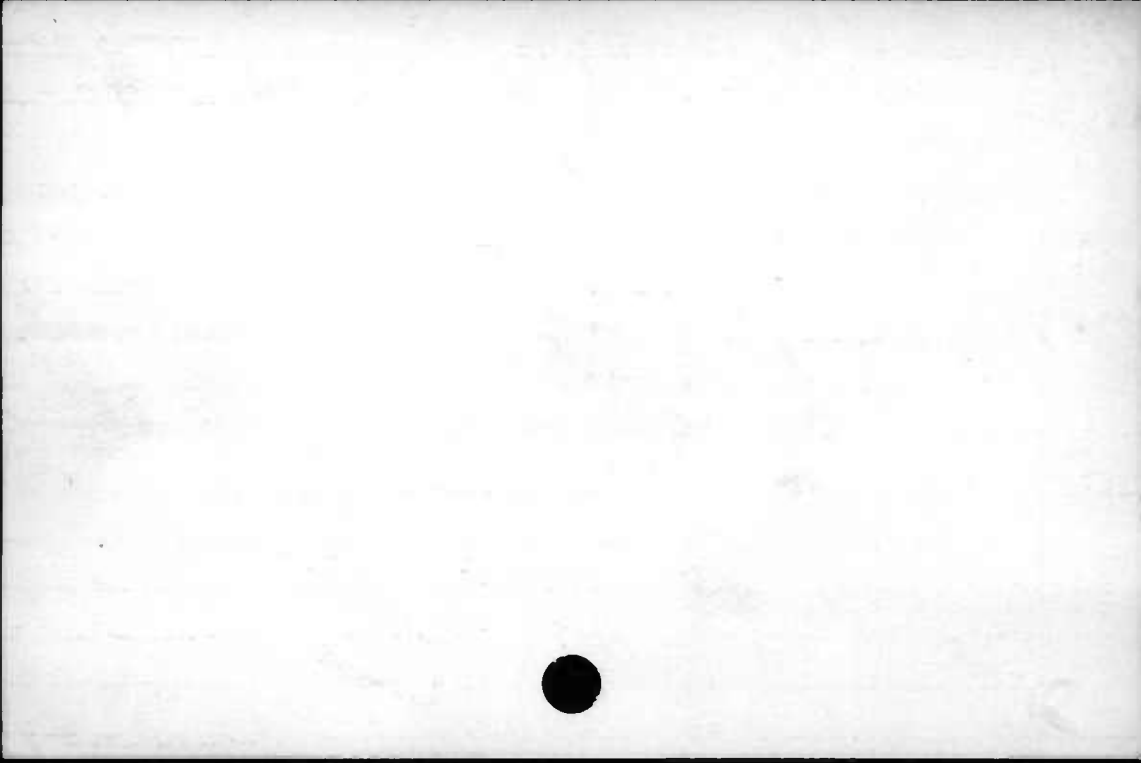
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smithsburg</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>January</i>	Day <i>15</i>	Age <i>71</i>	Years	Months <i>4</i>	Days <i>3</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Smithsburg</i>				
Occupation <i>Wagon Maker</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Nancie Newcomer</i>						
Father's Name <i>Jacob Newcomer</i>	Father's Birthplace <i>Smithsburg</i>						
Mother's Maiden Name <i>Nancie Barkdall</i>	Mother's Birthplace						
Name of person giving information <i>Walter B Newcomer</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>six mo.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Wis hard</i>
	Address <i>Leitersburg Md.</i>
Accident or Suicide?	



Name
in
Full

Sallie C. Newcomer

CERTIFICATE OF DEATH

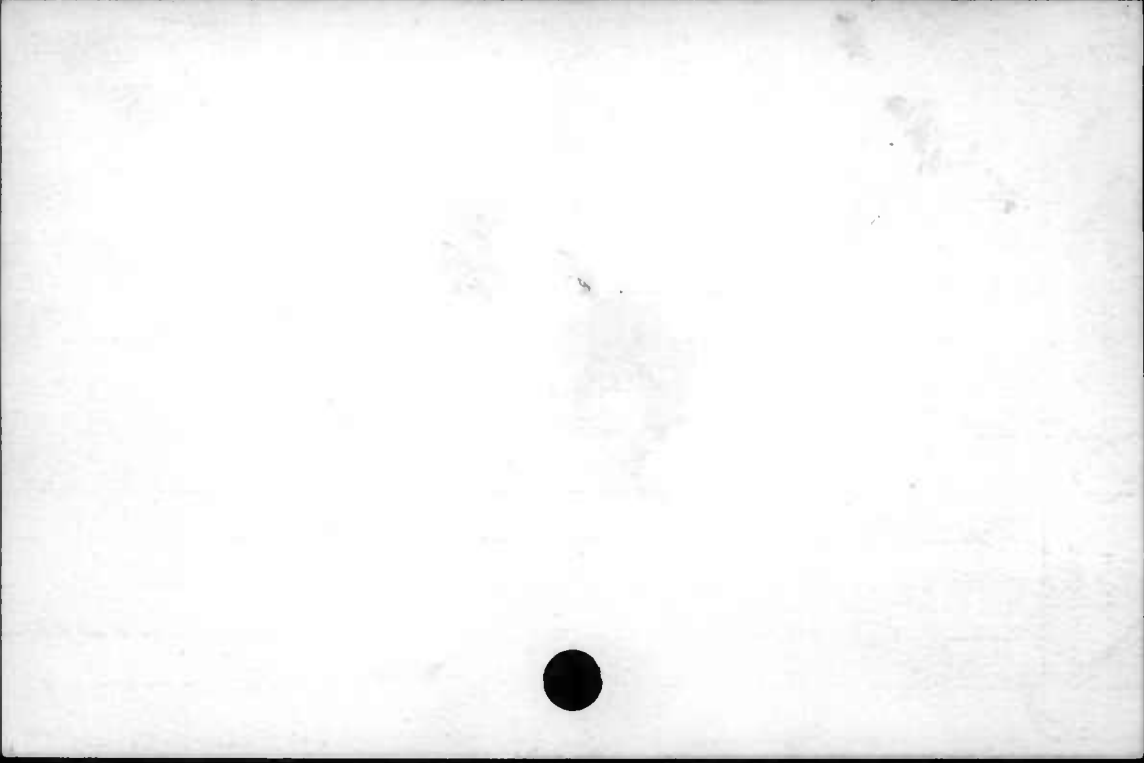
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	1905	Month	1	Day	15
Age	38	Years	38	Months	
Sex	Female	Color or Race	white	Birth-place	Bonnsboro
Occupation	Housewife	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	Daniel Newcomer		
Father's Name	Silas Young	Father's Birthplace	Frederick Co		
Mother's Maiden Name	Kate Hoyt	Mother's Birthplace	" "		
Name of person giving information	Daniel Newcomer	How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Indigestion & Mitral Insufficiency</i>	How long	<i>16 hours</i>
Immediate	<i>Apoplexy</i>	How long	<i>16 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. H. Zimmerman</i>		
	Address <i>Hagerstown Md</i>		
Accident or Suicide?			



Name
in
Full

Aaron G. Oliver

No 236

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

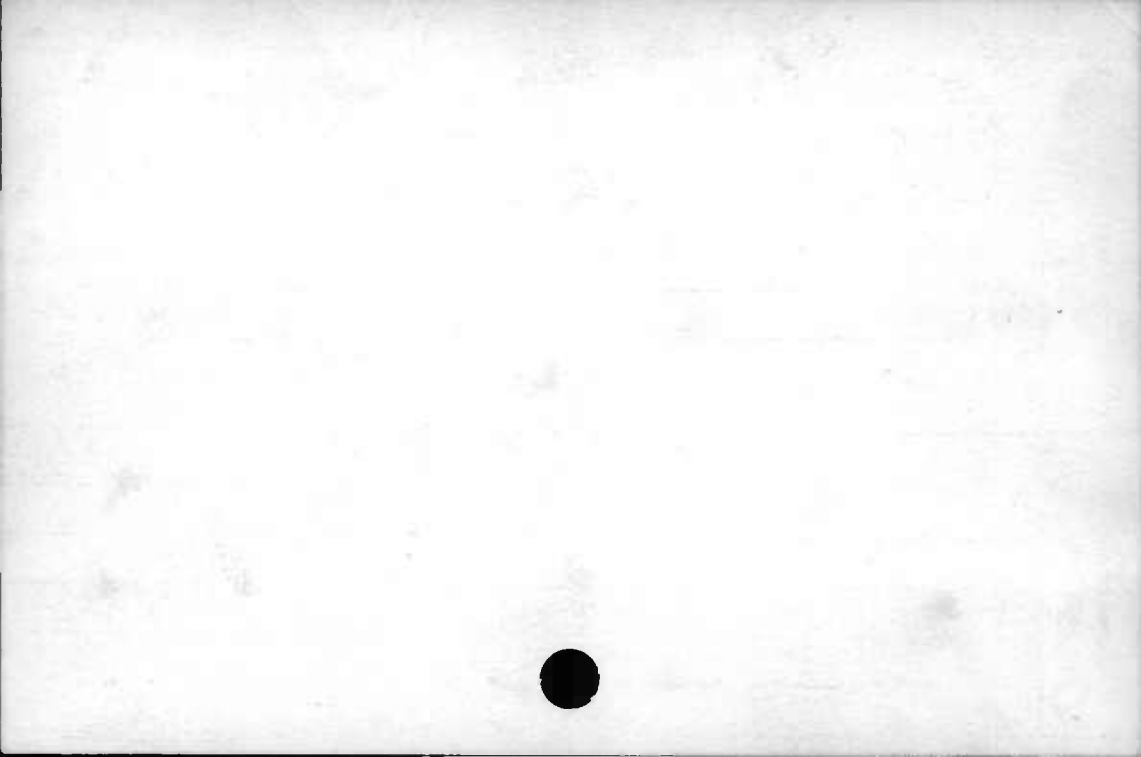
MARYLAND

Died at		Town		County			
Date of death		Month	Day	Age	Years	Months	Days
1905		July	29		—	+	13
Sex	Male		Color or Race	Colored		Birth-place	Town
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		A. G. Oliver				Father's Birthplace	
Mother's Maiden Name		Juda M. M. Cheever				Mother's Birthplace	
Name of person giving information		A. G. Oliver				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chicken Pox & Whooping Cough.	How long	Three weeks
Immediate	Prostration	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W. H. Richardson	
Address		Williamport - Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

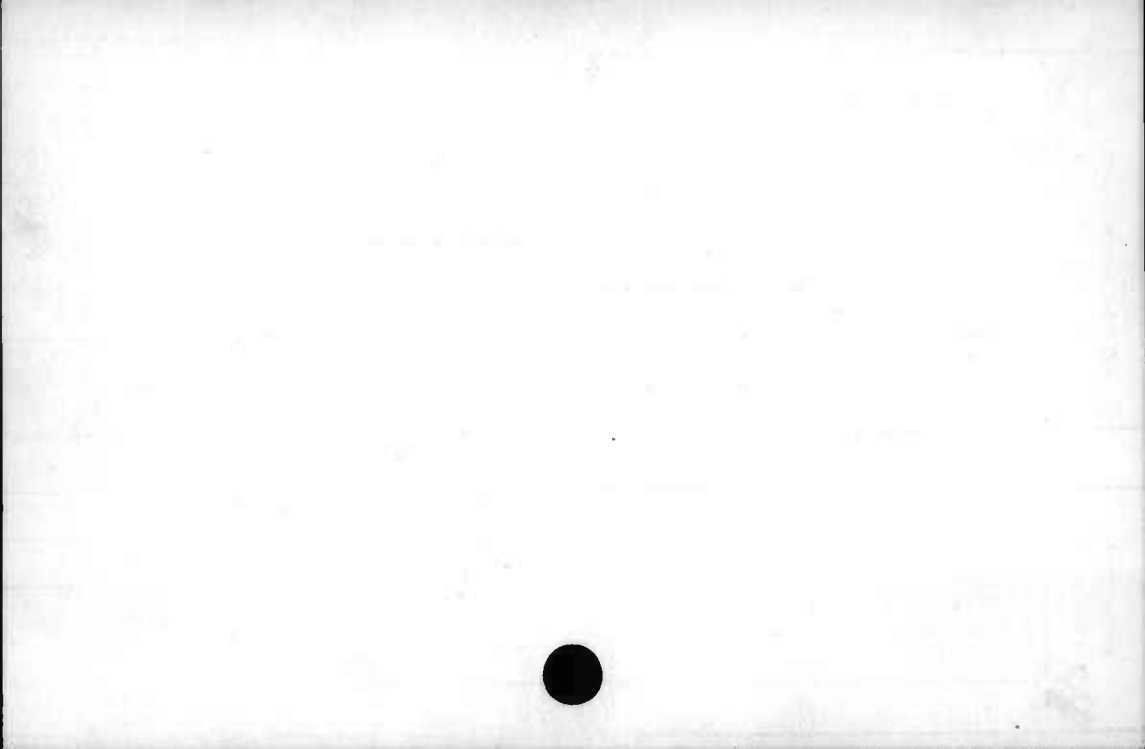
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Lencitty. Potter</i>			Town <i>Yardburg</i>		County <i>Washington</i>		MARYLAND		
Died at <i>Yardburg</i>		Month <i>1</i>		Day <i>26</i>		Age <i>6</i>		Years <i>6</i>	
Date of death <i>1905</i>		Month <i>1</i>		Day <i>26</i>		Age <i>6</i>		Years <i>6</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Months <i>6</i>		Days <i></i>	
Occupation <i></i>				Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i></i>				Name of Wife or Husband <i></i>					
Father's Name <i>Charles. Potter</i>				Father's Birthplace <i>W. Va</i>					
Mother's Maiden Name <i>Lilly. Spencer</i>				Mother's Birthplace <i>Md</i>					
Name of person giving Information <i>J. W. Jones</i>				How related to deceased <i>not-</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

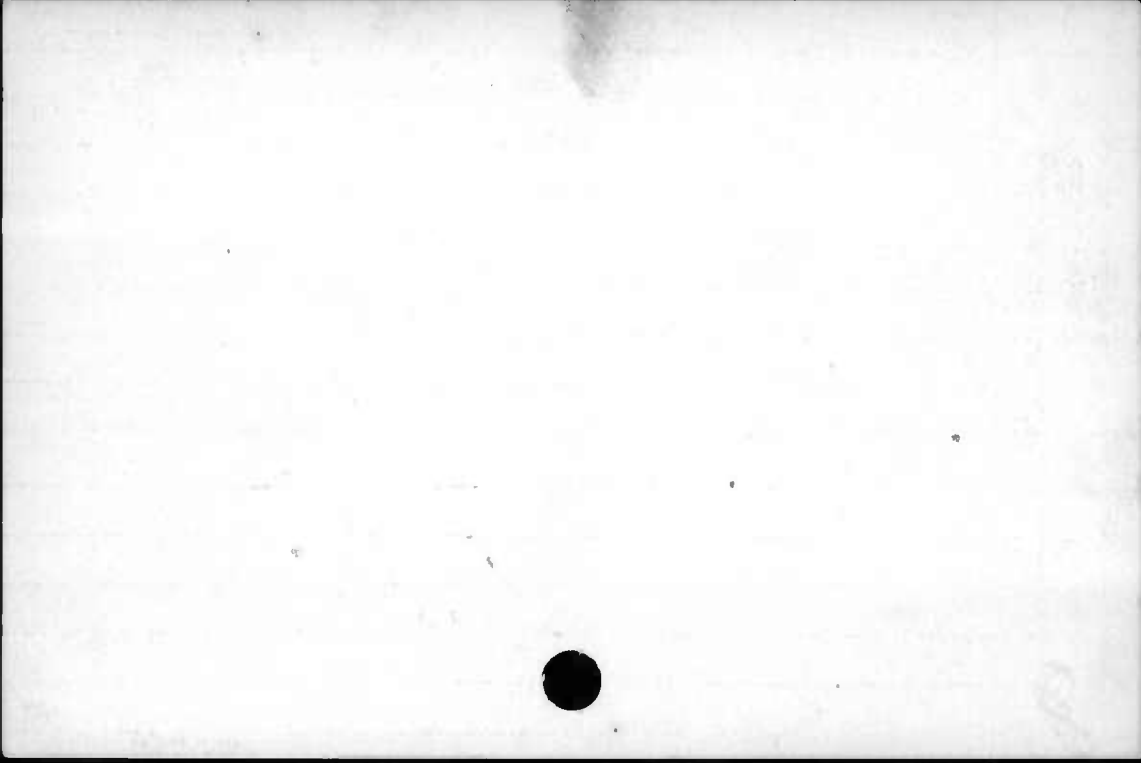
Primary <i>Eczema</i>		How long <i>5 months</i>	
Immediate <i>Hydrocephalus</i>		How long <i>4 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. J. Jones</i>	
		Address <i>Brownsville Md</i>	
Accident or Suicide? <i></i>			



Name in Full		Clara E Prather No 232.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death 190		Month	Day	Age	Years	
		Sex		Color or Race	Birth-place			
		Married, Single or Widowed		Occupation				
		Name of Wife or Husband						
		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
		Name of person giving information		How related to deceased				
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		How long				
		Immediate		How long				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
				Address				
		Accident or Suicide?						



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Rachael A Reed		County		MARYLAND
	Died at Hazerslunde		Washington		
	Date of death 1905	Month 1	Day 12	Age —	Months 7
	Sex Female	Color or Race Colored	Birth-place Md	Days 3	
	Occupation Child	Where Residing if not at place of death			
	Married, Single or Widowed —	Name of Wife or Husband —			
	Father's Name Thomas Reed	Father's Birthplace Na			
Mother's Maiden Name Ada Whiting	Mother's Birthplace Md				
Name of person giving information Ada Reed	How related to deceased		Mother		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	How long			
	Immediate Pneumonia	13		How long	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician A. K. Coffman			
		Address 1401 S. Washington			
		Hesperia Md			
Accident or Suicide?					



Name
in
Full

Low Roscoe Reeder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Clevelandville		County Washington		MARYLAND	
Date of death 1905	Month January	Day 26	Age —	Years —	Months 5	Days 15	
Sex Male	Color or Race White		Birth- place Maryland				
Married, Single or Widowed Single			Occupation None				
Name of Wife or Husband							
Father's Name John P. Reeder				Father's Birthplace Maryland			
Mother's Maiden Name Annie M. Matz				Mother's Birthplace Maryland			
Name of person giving Information John P. Reeder				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	8 days
Immediate	Collapse and Spasms	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Hubert Wader	
Address		Boonsboro. Maryland.	
Accident or Suicide?		No	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

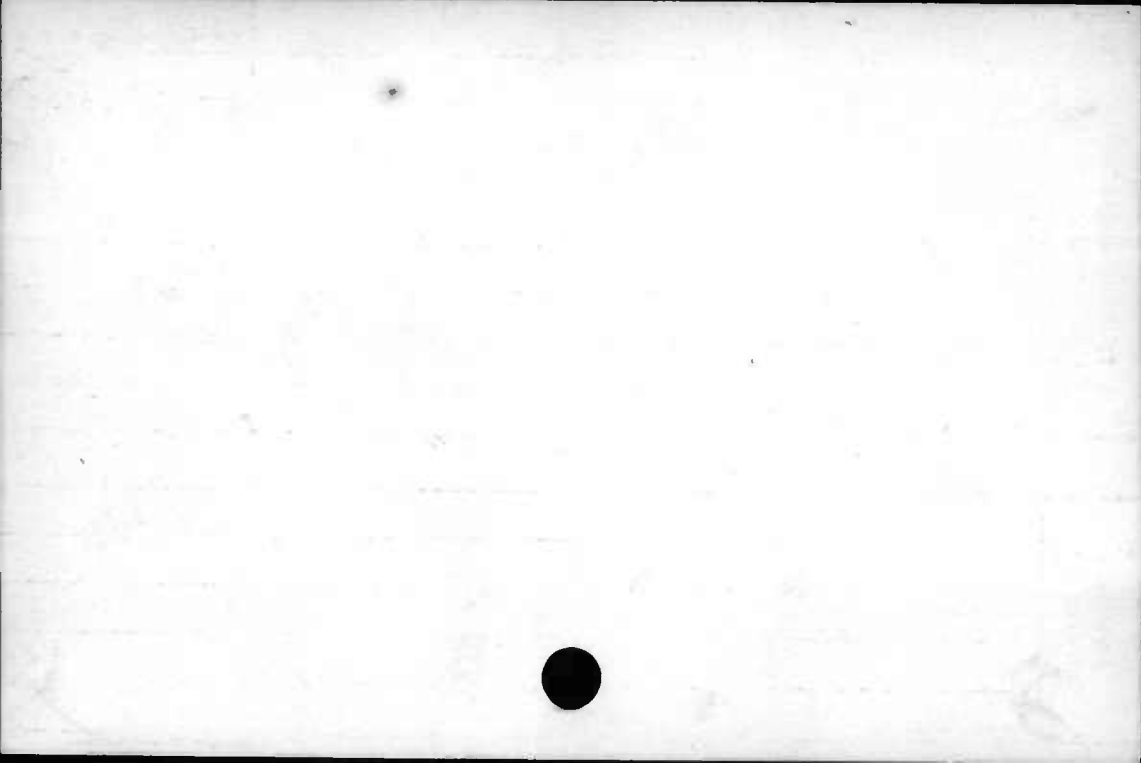
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>			
Date of death	Month	Day	Years	Months	Days
<i>1905</i>	<i>1</i>	<i>3</i>	<i>2</i>		
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>md</i>		
Occupation <i>Child</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Ed. J. Reiser</i>			Father's Birthplace		
Mother's Maiden Name <i>not known</i>			Mother's Birthplace		
Name of person giving information			How related to deceased		

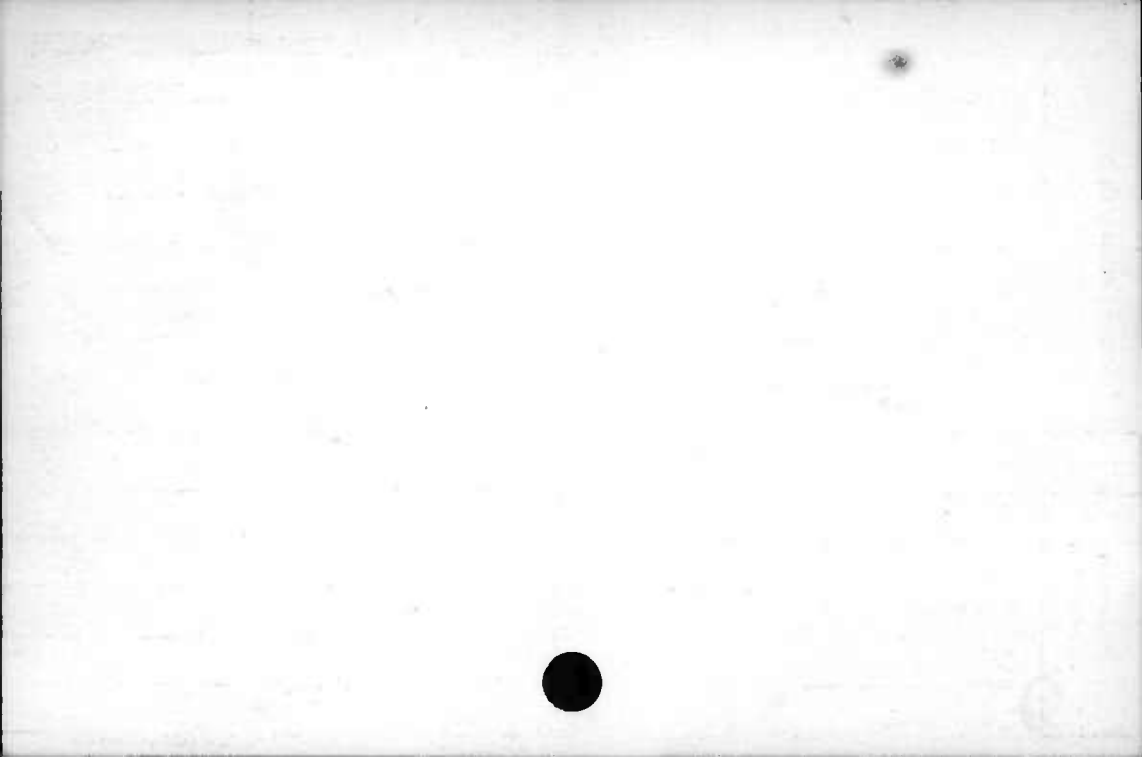
CAUSES OF DEATH

PHYSICIAN
OR CORONER

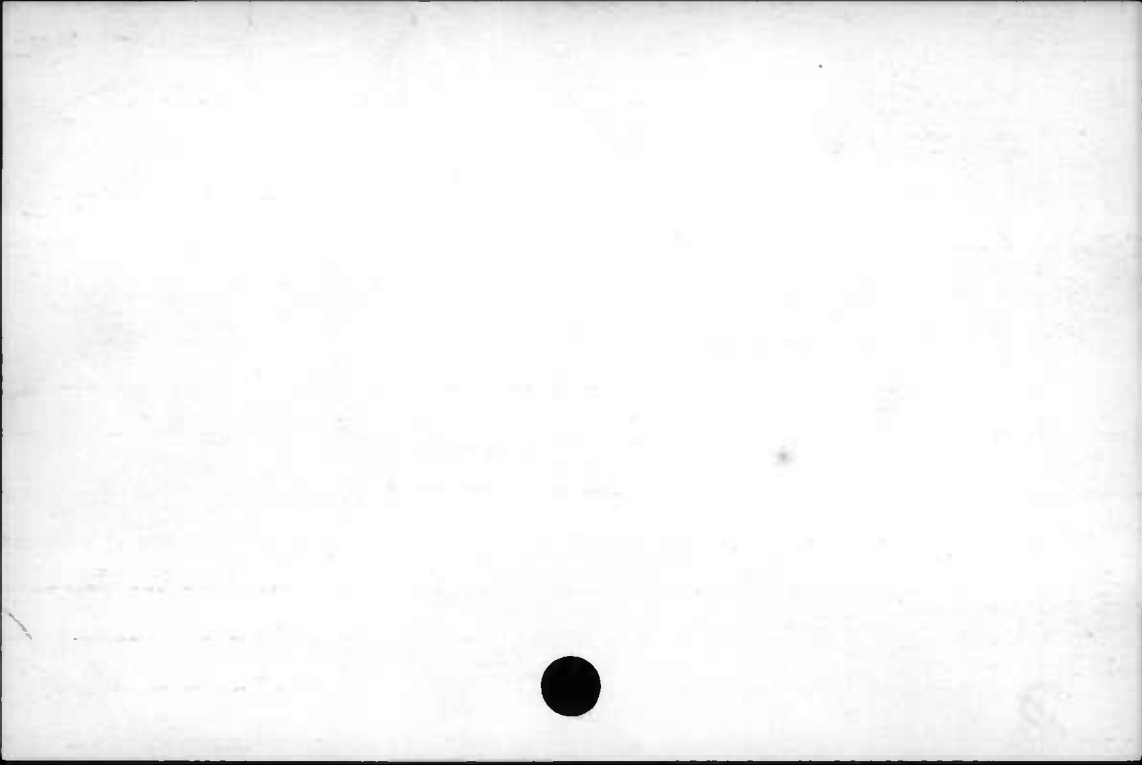
Primary <i>Diphtheria</i>	How long <i>one week</i>
Immediate <i>Toxemia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Seou</i>
<i>D</i> Accident or Suicide?	Address <i>Hagerstown</i>



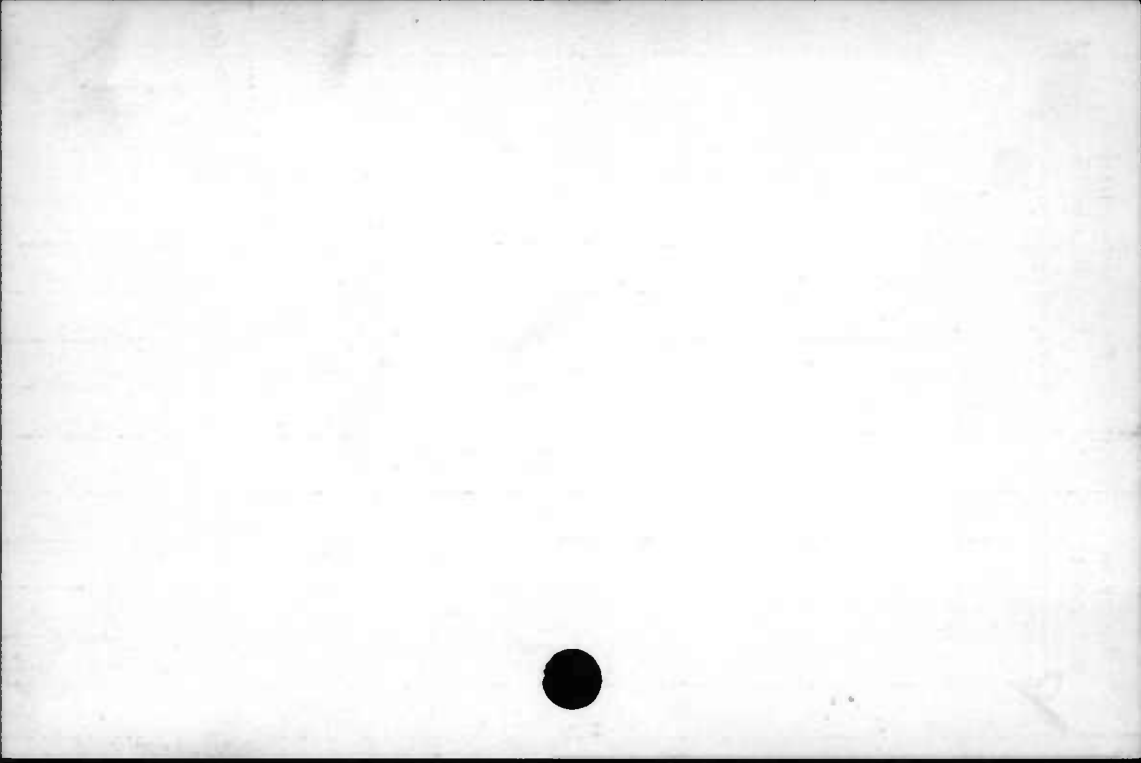
Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
	Date of death <i>1905</i>	Month <i>1</i>	Day <i>20</i>	Years <i>74</i>	Months <i>—</i> Days <i>11</i>	
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
	Occupation		Where Residing if not at place of death			
	Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>John Reynolds</i>				
	Father's Name <i>Richard Kennedy</i>	Father's Birthplace <i>Md</i>				
	Mother's Maiden Name <i>not known</i>	Mother's Birthplace				
Name of person giving information		How related to deceased				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	<i>Dropsy</i>		How long	<i>3 months</i>	
	Immediate			How long		
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>St. Vincent M.D.</i>		
				Address <i>Hagerstown Md.</i>		
	Accident or Suicide?					



Name in Full		Fannie A. C. Ridenour.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <i>Seitersburg</i>		County <i>Wash</i>		STATE MARYLAND
	Date of death		Month <i>January</i>	Day <i>29</i>	Years <i>35</i>	Months <i>4</i>	Days <i>26</i>
	Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place <i>Seitersburg</i>
	Occupation	<i>House. Wife.</i>		Where Residing if not at place of death			
	Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Benjamin F. Ridenour</i>			
	Father's Name	<i>Louis Miller</i>				Father's Birthplace	<i>Seitersburg</i>
	Mother's Maiden Name	<i>Sarah Remley</i>				Mother's Birthplace	<i>State Line</i>
Name of person giving information	<i>Laura C. Miller</i>				How related to deceased	<i>Sister</i>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<i>Nephritis, Endo and Pericarditis</i>				How long	<i>?</i>
	Immediate	<i>uraemia</i>				How long	<i>4 days</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician	<i>T. Robt. W. Wilson M.D.</i>	
	Address		<i>Seitersburg Washington Co Md</i>				
Accident or Suicide?		<i>No</i>					



Name in Full		Bland Eileen Butts				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Highfield</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND		
	Date of death <u>1905</u> ^{Month}	<u>Jan.</u> ^{Day}	<u>15</u> ^{Age}	<u>Years</u>	<u>11</u> ^{Months}	<u>16</u> ^{Days}	
	Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Highfield Md</u>				
	Occupation		Where Residing if not at place of death <u>Highfield</u>				
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name <u>John H. Butts</u>		Father's Birthplace <u>Maryland</u>				
	Mother's Maiden Name <u>Minnie Schaub</u>		Mother's Birthplace <u>Maryland</u>				
PHYSICIAN OR CORONER	Name of person giving information <u>E. L. Wachter</u>		How related to deceased				
	CAUSES OF DEATH						
	Primary <u>Broncho-pneumonia</u>					How long <u>2 weeks</u>	
	Immediate					How long	
8	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>E. L. Wachter M.D.</u>				
			Address <u>Sabillasville Md.</u>				
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

John Schrader

Town

Died at Hagerstown

County

Washington

Date of death 1903-

Month

1

Day

19

Age

Years

-

Months

8

Days

3-

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Child

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Joseph Schrader

Father's
Birthplace

Md

Mother's
Maiden Name

Emma Everhart

Mother's
Birthplace

Md

Name of person giving
In formation

Joseph Schrader

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Pneumonia

How long

3 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

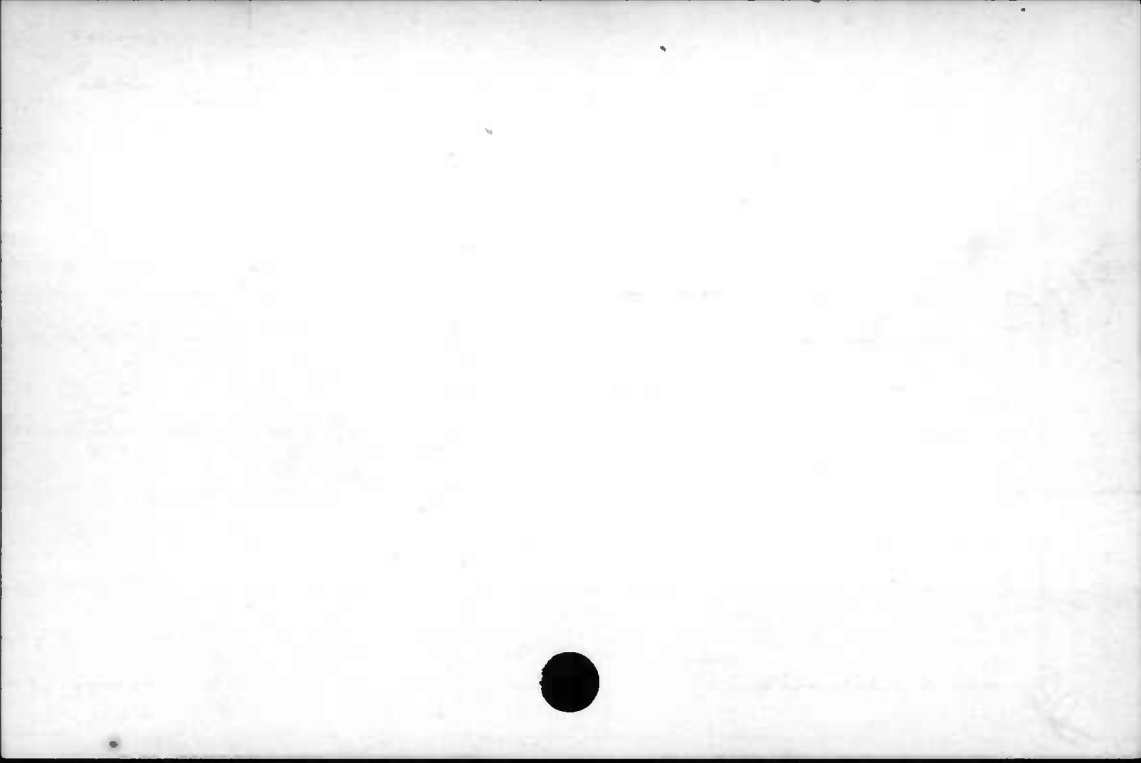
Signature of
Physician

Dr. H. J. Fehmy

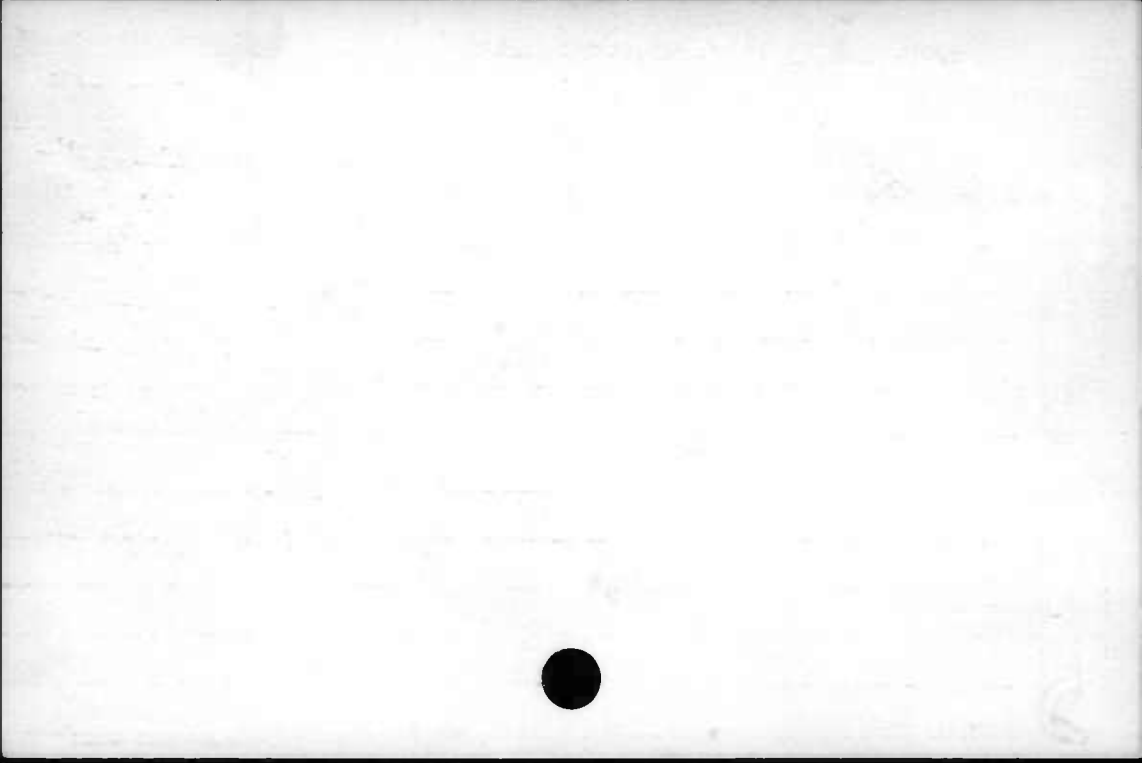
Address

Hagerstown Md

Accident or Suicide?



Name in Full		MARGARET V. SHANK				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		TOWNSHIP		COUNTY		MARYLAND			
		Died at		St. Frederick Wash					
		Date of death	1905	Jan	28	Age	58	Months Days	
		Sex	Female		Color or Race	White		Birth-place	Ind
		Occupation	Housewife		Where Residing if not at place of death				St. Frederick
Married, Single or Widowed		Widow		Name of Wife or Husband				Jonathan Shank	
Father's Name		Thomas Rockwell				Father's Birthplace		Ind	
Mother's Maiden Name		Sarah Rockwell				Mother's Birthplace		Pa	
Name of person giving information		John Shank				How related to deceased		Son	
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary				How long		1 year	
		Consumption							
		Immediate				How long			
		Rheumatism							
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		Do Fisher	
Frantz Bros				Address		Indian Spring			
Accident or Suicide?						Ind			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Washington</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1903</i>		Month <i>7</i>	Day <i>3</i>	Age <i>—</i>	Years <i>—</i>	Months <i>9</i>	Days <i>1</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>			
Occupation <i>Child</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Philip Sheets</i>				Father's Birthplace <i>Indiana</i>			
Mother's Maiden Name <i>Annice R. George</i>				Mother's Birthplace <i>Pa</i>			
Name of person giving information <i>Philip Sheets</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Broncho. Pneumonia</i>	How long	<i>7 days</i>
Immediate	<i>Cardiac Failure</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. H. Agan</i>	
		Address <i>229 1/2 Broadway, N.Y.</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

William Eaton Shiess

CERTIFICATE OF DEATH

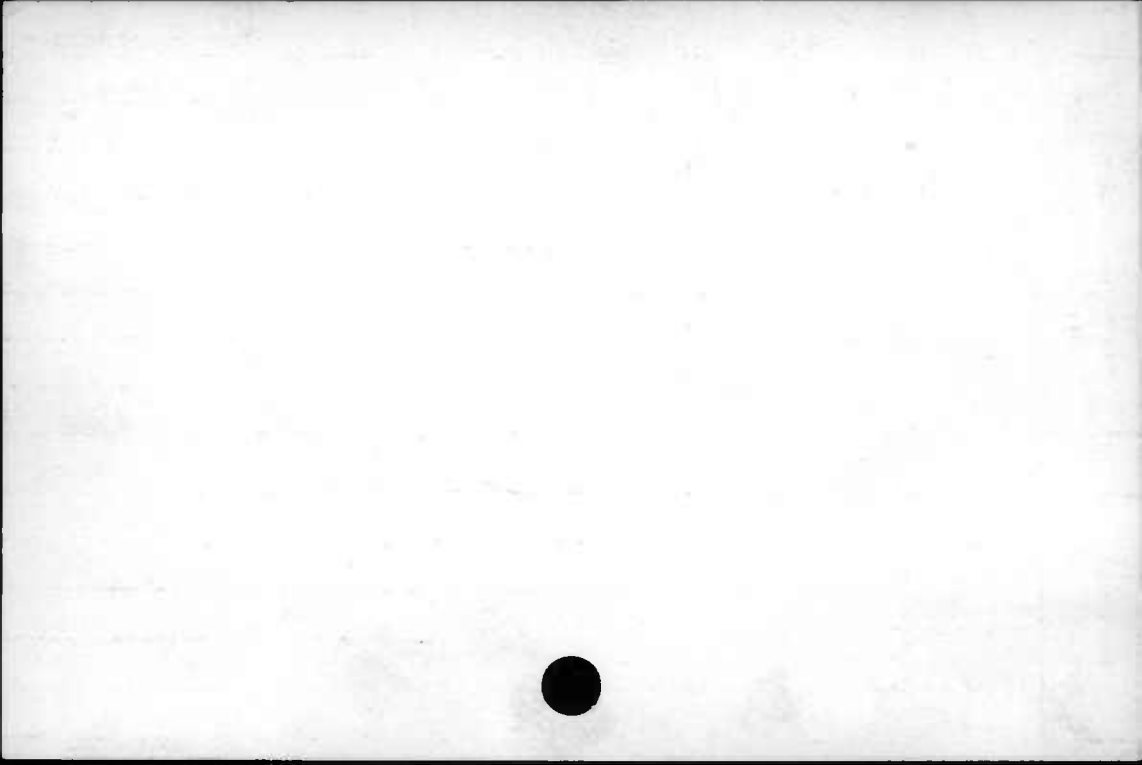
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Leitersburg		Washington		MARYLAND	
Date of death	1905	Jan.	5th	Age	69	Months	—
Sex	Male		Color or Race	White		Birth-place	Leitersburg
Occupation	Laborer		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	Mancy A. Trvinger			
Father's Name	George E. Shiess					Father's Birthplace	—
Mother's Maiden Name	Kathern.					Mother's Birthplace	—
Name of person giving information	Wm L Shiess.					How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gangrene -	How long	14 days
Immediate	Sepsis -	How long	
Are the name, age, sex, color, data and place correctly given above?	Yes	Signature of Physician	R. Robert W. Wilson M.D.
		Address	Leitersburg Washington Co
Accident or Suicide?			



Name
in
Full

Mary Catherine Shifles

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Mt. Carmel^{County} WashingtonDate of death 1905 ^{Month} Jan'y ^{Day} 11Age ^{Years} —^{Months} 9^{Days} 1

Sex Female

Color or Race White

Birth-place Maryland

Occupation None

Where Residing if not at place of death

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name Walter Shifles

Father's Birthplace Maryland

Mother's Maiden Name Alice Miller

Mother's Birthplace Maryland

Name of person giving information Walter Shifles

How related to deceased Father

CAUSES OF DEATH

Primary Pneumonia

How long 6 days

Immediate Heart Failure & Collapse

How long Suddenley

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. Halbert Wade, M.D.

Address Brookboro.

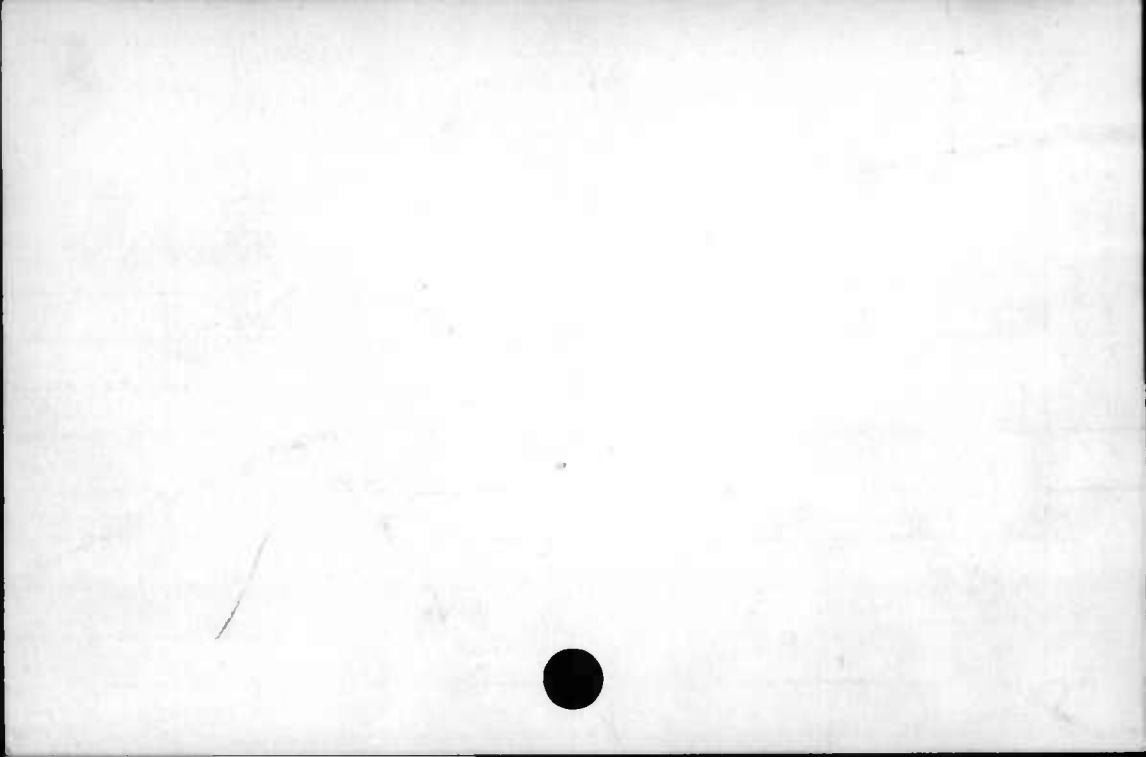
Accident or Suicide? No

Brook. Co., Maryland

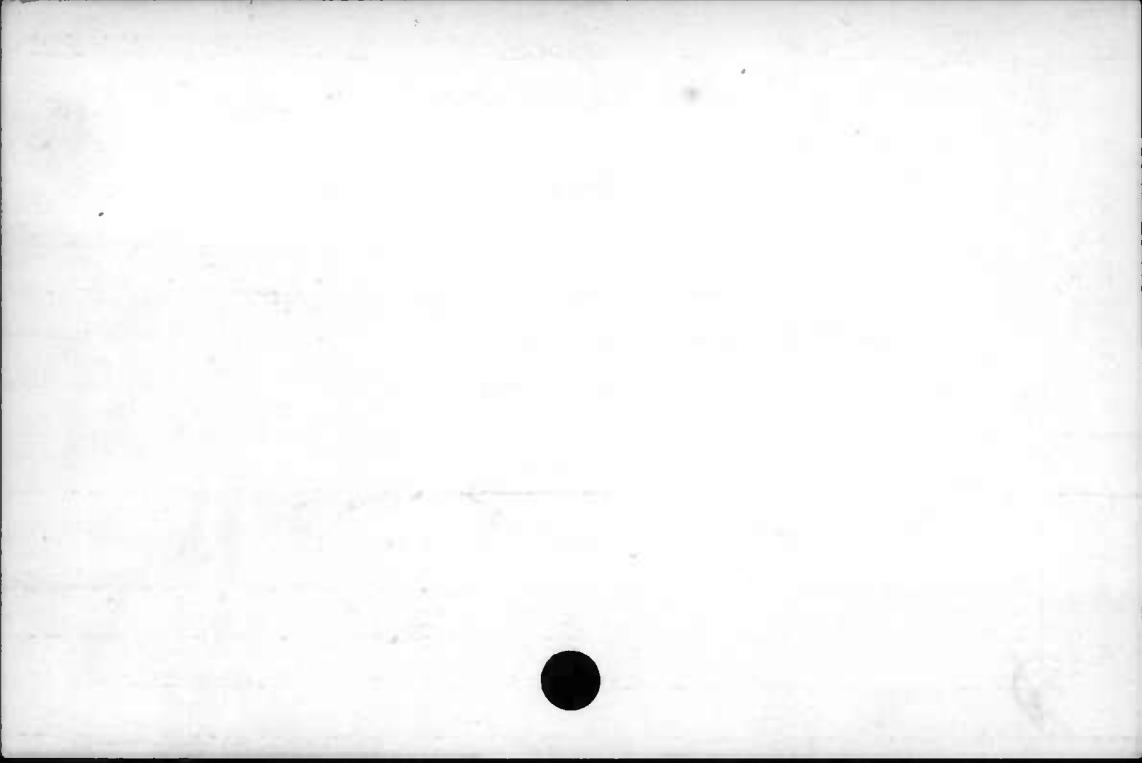
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name In Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Date of death		Month	Day	Age	Years		Months
	Sex		Color or Race		Birth-place			
	Occupation		Where Residing if not at place of death					
	Married, Single or Widowed		Name of Wife or Husband					
	Father's Name		Father's Birthplace					
	Mother's Maiden Name		Mother's Birthplace					
	Name of person giving information		How related to deceased					
<div style="text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER	Primary		How long					
	Immediate		How long					
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
			Address					
	Accident or Suicide?							



Name in Full Mrs.		Union		CERTIFICATE OF DEATH		
Died at Hagerstown Town		Wash County		MARYLAND		
Date of death 1905	Month 1	Day 8	Age 70	Months	Days	
Sex Female	Color or Race white		Birth-place Russia			
Occupation		Where Residing if not at place of death				
Married, Single or Widowed widow		Name of Wife or Husband				
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information			How related to deceased			
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Tuberculosis		How long		
	Immediate	exhaustion		How long		
	Are the name, age, sex, color, date and place correctly given above?		yes			
	Signature of Physician		Wm P Scott			
Address		Hagerstown Md				
Accident or Suicide?		8				



Name
in
Full

Gra H Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Hagerstown^{County} Washington

Date of death 1904

Month 1

Day 3

Age 15

Years

Months 10

Days 20

Sex Male

Color or
Race

White

Birth-
place

Md

Occupation

Machinist

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Calvin H. Smith

Father's
Birthplace

Md

Mother's
Maiden Name

Annie E. Mozumgater

Mother's
Birthplace

Md

Name of person giving
In formation

Harvey Smith

How related
to deceased

Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

?

Immediate

Exhaustion

How long

4 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Victor D. Miller, Jr.

Address

Hagerstown Md

Accident or Suicide?

✓



Name
in
Full

Raymond V Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bethesda</i>		Town <i>Washington</i>		County <i>MARYLAND</i>	
Date of death	Month <i>June</i>	Day <i>10</i>	Years <i>29</i>	Months <i>5</i>	Days <i>17</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Boonsboro Md</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>Boonsboro Md</i>		
<input checked="" type="checkbox"/> Married Single or Widowed			Name of Wife or Husband <i>✓</i>		
Father's Name <i>Dale Smith</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Prudence Knode</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Brining & Bush</i>			How related to deceased <i>Not related</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Head Stud. Supra for</i>	How long	<i>✓</i>
Immediate	<i>Exposure</i>	How long	<i>✓</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Brining & Bush</i>	
		Address <i>Wheatfield</i>	
Accident or Suicide? <i>accident</i>		<i>Boonsboro Md</i>	



Name
in
Full

CERTIFICATE OF DEATH

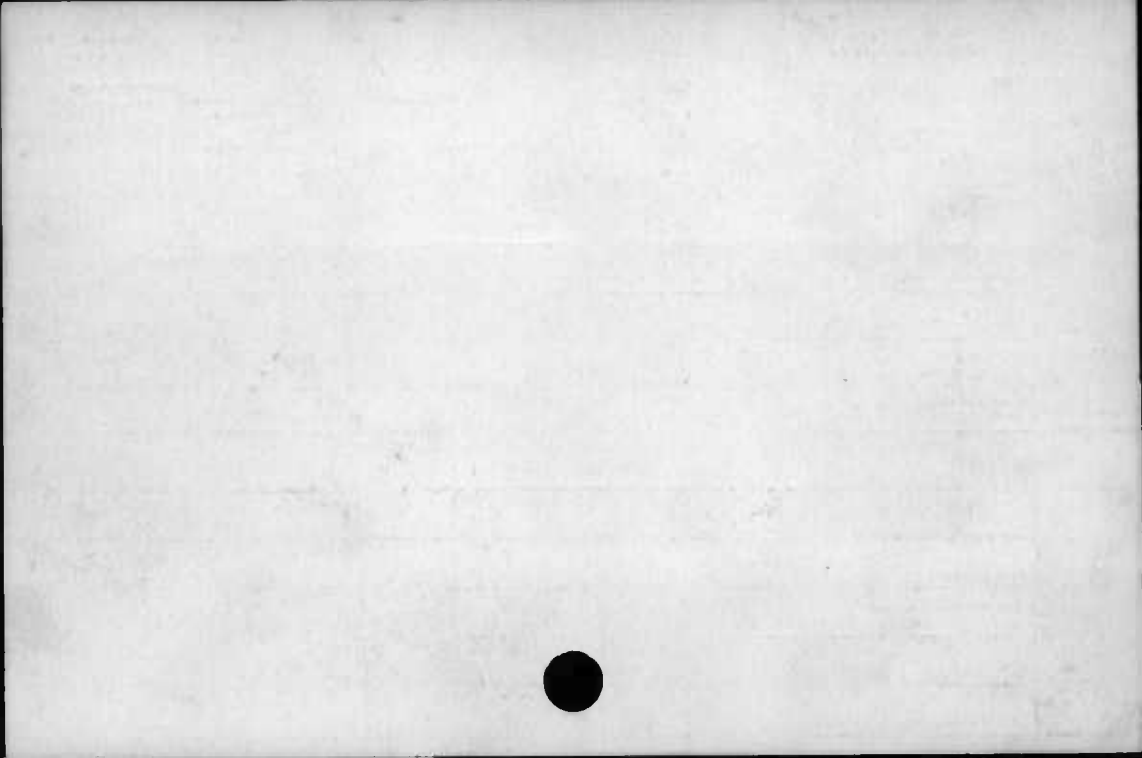
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>New Hope</i> ^{County} <i>Washington</i>		MARYLAND	
Date of death <i>1905</i>	^{Month} <i>1</i> ^{Day} <i>1</i>	Age <i>24</i>	^{Years} <i>24</i> ^{Months} <i>—</i> ^{Days} <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>md</i>	
Occupation <i>House work</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>George Swatterly</i>	Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Ellen Burns</i>	Mother's Birthplace <i>md</i>		
Name of person giving information <i>George Swatterly</i>	How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>5 months</i>
Immediate <i>Manitum due to Peritonitis</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr F. D. Newcome</i>
	Address <i>Funkstown, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>1</i>	Day <i>12</i>	Age <i>9</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>md</i>		
Occupation <i>Child</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>John Snower</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Eva Young</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>Eva Snower</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria -</i>	How long <i>2 days</i>
Immediate <i>Exhaustion</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Victor D. Miller, Jr.</i>
	Address <i>Hagerstown, Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Harold Roscoe Snyder

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} M. Carmel^{County} Wash

Date of death 1908 Jan'y

Day 6

Age

Years

Months

Days 22

Sex

male

Color or
Race

wh

Birth-
place

Wash Co

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Geo. Snyder

Father's
Birthplace

Wash. Co

Mother's
Maiden Name

Anna Miller

Mother's
Birthplace

"

Name of person giving
information

Father Geo. Snyder

How related
to deceased

CAUSES OF DEATH

Primary

Whooping Cough

How long

12 days

Immediate

Conges. of Lungs

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

S. S. Davis

Address

Brounboro
Ind.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Carry Elizabeth Speck

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Funkstown

County

Date
of death 1905Month
JanDay
24Age
57Months
9Days
29

Sex Female

Color or
Race whiteBirth-
place Williamsport, MdOccupation
HousekeeperWhere Residing if not
at place of deathMarried, Single
or Widowed widowName of Wife or
Husband

David Speck

Father's
Name Joseph KindleFather's
Birthplace Don't knowMother's
Maiden Name Sarah HooverMother's
Birthplace Don't knowName of person giving
Information Mrs. ChurchyHow related
to deceased Sister

CAUSES OF DEATH

Primary
YeastitisHow long
2 monthsImmediate
Heart FailureHow long
6 hoursAre the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

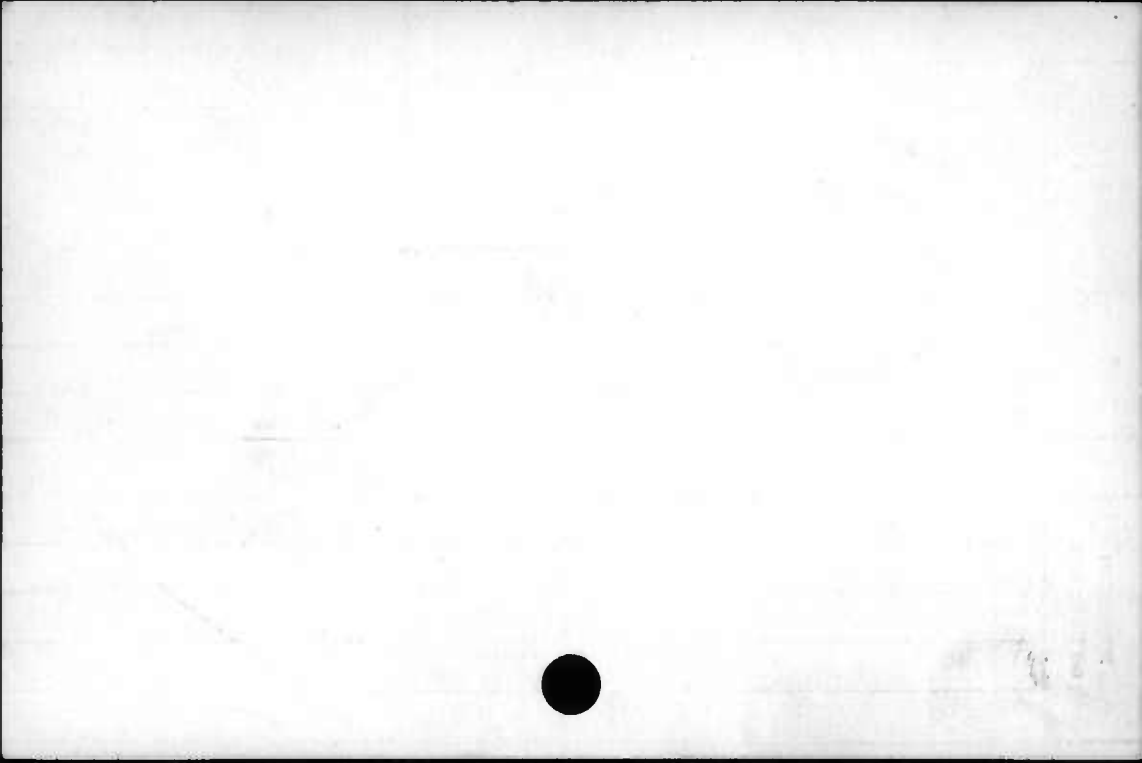
C. J. Maigard

Address

Funkstown, Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Martha E. Spang

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sharpsburg</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i> <small>Year</small>	<i>Jan</i> <small>Month</small>	<i>31</i> <small>Day</small>	Age <i>64</i> <small>Years</small>	<i>2</i> <small>Months</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>Elias Spang</i>			
Father's Name <i>Aaron Fox</i>		Father's Birthplace			
Mother's Maiden Name <i>Catharine Beckley</i>		Mother's Birthplace			
Name of person giving Information <i>Elias Spang</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General Debility</i>	How long	<i>Four years</i>
Immediate	<i>Dropsy</i>	How long	<i>Several months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. H. Garrison</i>	
		Address <i>Sharpsburg Md</i>	
Accident or Suicide? <input checked="" type="checkbox"/>			

Chas. S. Wade
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

Mrs Annie R. Sterling

Town

County

MARYLAND

Died at

Hagerstown

Washington

Date

Month

Day

Years

Months

Days

of death

1904

1

1

Age

58

Sex

female

Color or
Race

white

Birth-
place

Md.

Occupation

H. W.

Where Residing if not
at place of deathMarried, Single
or Widowed

widow

Name of Wife or
Husband

Geo M. Sterling

Father's
Name

John Newcomer

Father's
Birthplace

Md.

Mother's
Maiden Name

Elizabeth Keedy

Mother's
Birthplace

"

Name of person giving
In formation

Susie Sterling

How related
to deceased

daughter

CAUSES OF DEATH

Primary

Gastro

How long

4 days

Immediate

Cardiac asthma

How long

6 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W B Monson

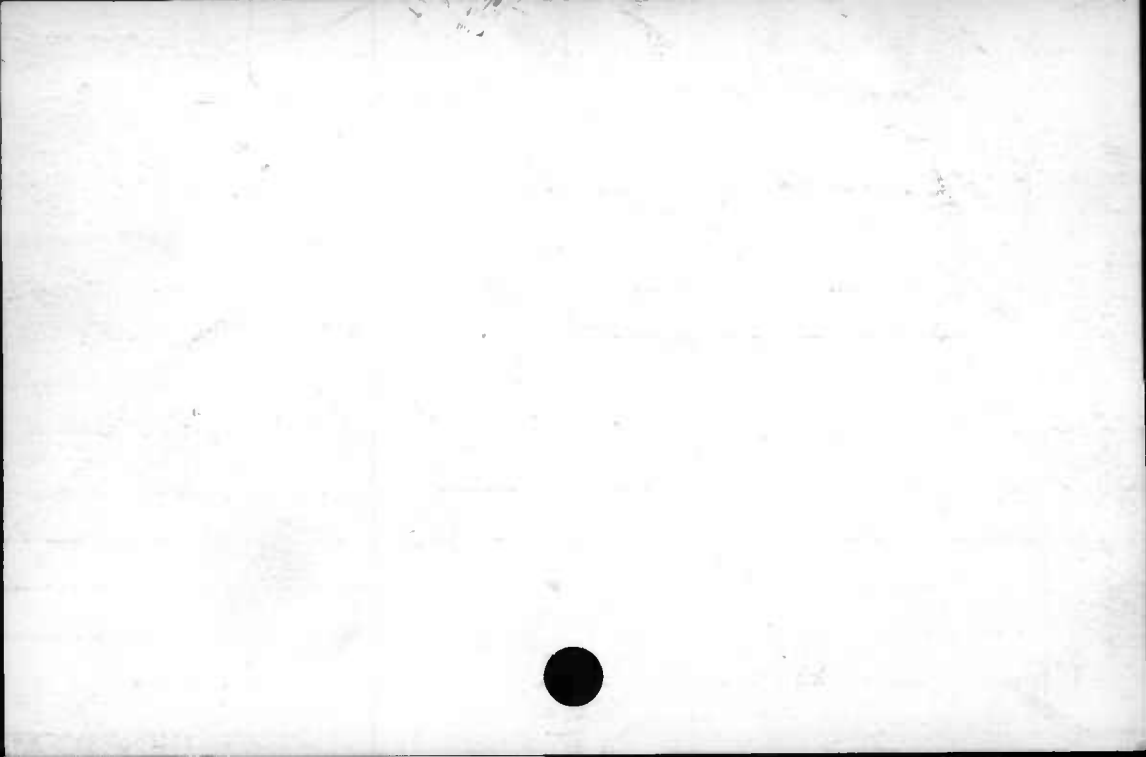
Address

Hagerstown Md.

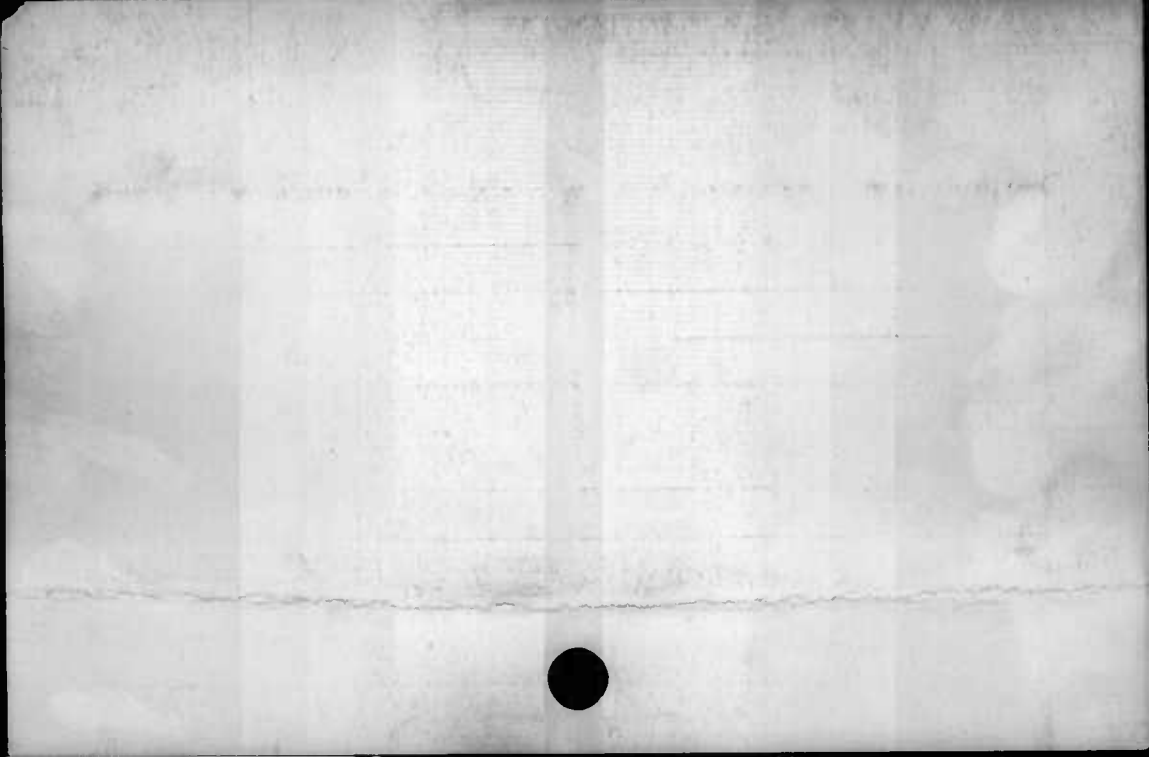
Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Green Castle Pa</i>		Town <i>Franklin County Pa</i>		County <i>Franklin County Pa</i>
	Date of death <i>1905</i>		Month <i>Jan'y</i>	Day <i>17</i>	Age <i>8 months</i>
	Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>near Green Castle Pa</i>
	Occupation <i>none</i>		Where Residing if not at place of death <i>none</i>		
	Married, Single or Widowed <i>none</i>		Name of Wife or Husband <i>none</i>		
	Father's Name <i>Clyde Stine</i>			Father's Birthplace <i>near Green Castle Pa</i>	
	Mother's Maiden Name <i>Katie Hosner</i>			Mother's Birthplace <i>near Green Castle Pa</i>	
PHYSICIAN OR CORONER	Name of person giving Information <i>Dr. L. A. Bushy</i>			How related to deceased <i>none</i>	
	CAUSES OF DEATH				
	Primary <i>Pneumonia</i>			How long <i>8 days</i>	
	Immediate <i>Convulsions</i>			How long <i>3 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>L. A. Bushy</i>		
			Address <i>Green Castle</i>		
Accident or Suicide? <i>no</i>			<i>Penna</i>		



Name
in
Full

CERTIFICATE OF DEATH

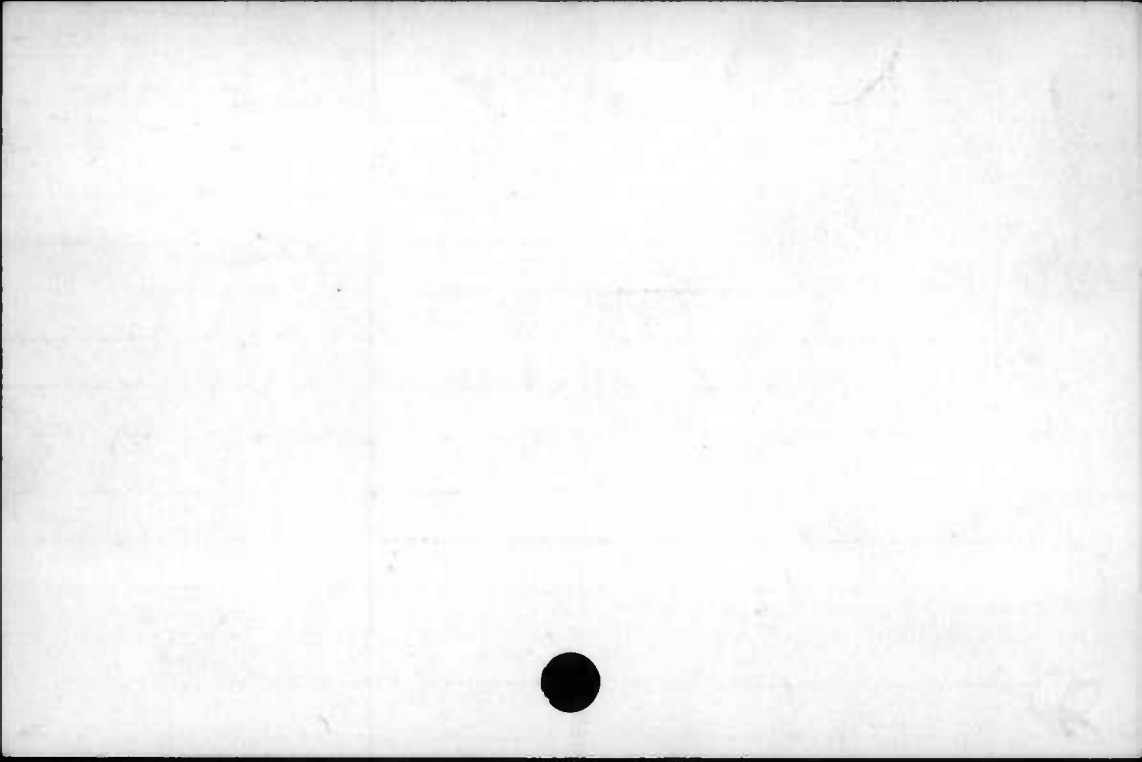
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smithsburg</i>		<i>Smithsburg</i> ^{Town}		<i>Wash.</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>1</i>	Day <i>2</i>	Age <i>-</i>	Years <i>-</i>	Months <i>9</i>	Days <i>15</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Smithsburg</i>				
Occupation <i>none</i>	Where Residing If not at place of death <i>Smithsburg Md.</i>						
Married Single or Widowed	Name of Wife or Husband <i>William F Swope</i>						
Father's Name <i>William F. Swope</i>	Father's Birthplace <i>Benderville Pa</i>						
Mother's Maiden Name <i>Sadie Lillard</i>	Mother's Birthplace <i>Fairfield</i>						
Name of person giving information <i>Wm F Swope</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>One day</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. J. P. ...</i>
	Address <i>Smithsburg Md.</i>
Accident or Suicide?	



Name
in
Full

George W Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Brownsville</i>		County <i>Washington</i>		MARYLAND	
Date of death		1905	Month <i>Jan.</i>	Day	Age <i>57-</i>	Years <i>5</i>	Months <i>4</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Washin Co</i>			
Occupation <i>Blacksmith</i>		Where Residing if not at place of death		<i>At place of death</i>			
Married, <i>S</i>		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information <i>His wife</i>				How related deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Carbuncles & Abscess</i>	How long	<i>Three weeks</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. L. Blessing M.D.</i>	
<i>yes</i>		Address <i>Brownsville</i>	
Accident or Suicide? <i>_____</i>			

Erman
Robert

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County			
Hagerstown		Washington					
Date of death	1905	Month	1	Day	4	Age	37
Sex		Male		Color or Race		White	
Occupation		Blacksmith		Birth-place		Md., Pa	
Married, Single or Widowed		Married		Name of Wife or Husband		Mary E. Twoney	
Father's Name		Edwin Twoney		Father's Birthplace		Ireland	
Mother's Maiden Name		Anna Hoffman		Mother's Birthplace		Pa	
Name of person giving information		Mary E. Twoney		Now related to deceased		Wife	

CAUSES OF DEATH

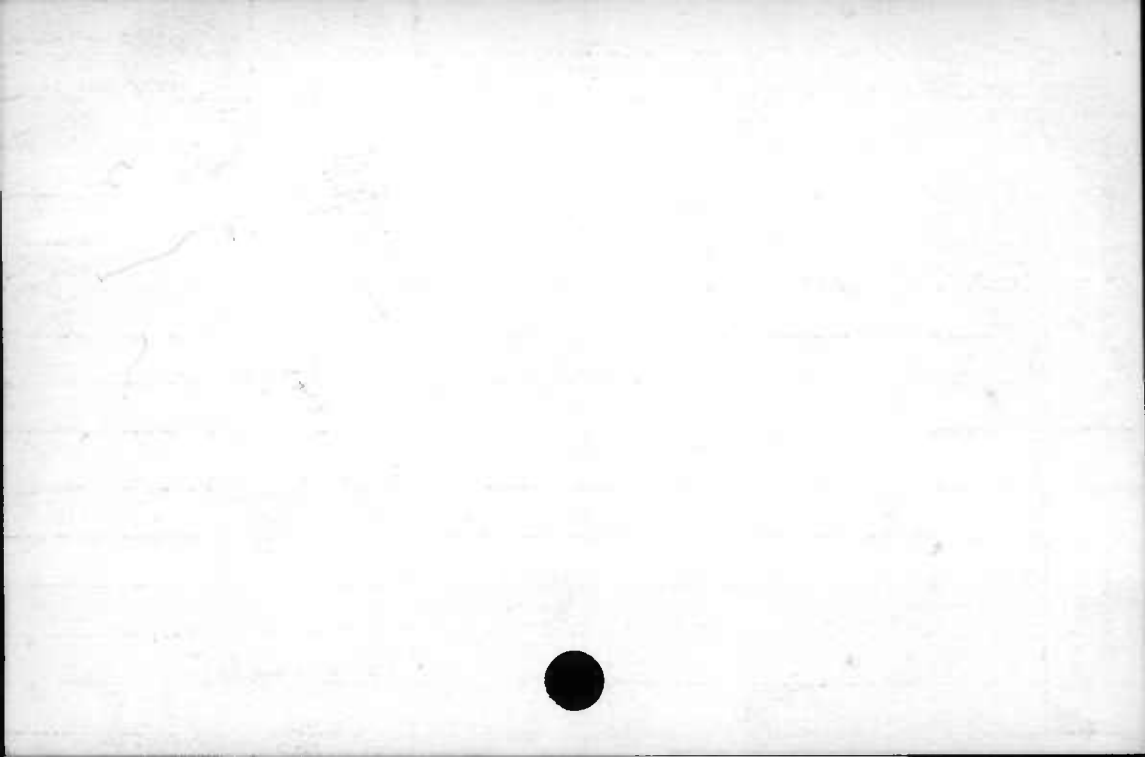
PHYSICIAN
OR CORONER

Primary	Bright's disease, Cardiac Hypertrophy	How long	
Immediate	Pulmonary Congestion	How long	3 days.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W B Morrison	
Address		Hagerstown Md.	
Accident or Suicide?		no.	

Gettysburg



Name in Full		Still Born Child of Harry Wallace				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND
	Date of death	<i>1905</i>	Month <i>1</i>	Day <i>19</i>	Age	Years	Months
	Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place <i>Md</i>
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	<i>Harry Wallace</i>				Father's Birthplace	<i>Md</i>
	Mother's Maiden Name	<i>Edith Wallace</i>				Mother's Birthplace	<i>Va</i>
Name of person giving information					How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<i>Still Born S.</i>				How long	
	Immediate	<i>Still Born</i>				How long	
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician <i>J. E. Pitsenogle</i>		
					Address <i>Hagerstown Md</i>		
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs. Ann Sophia Welty</i>		Town <i>Hagerstown</i>		County <i>Wash</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>1</i>		Day <i>30</i>		Years <i>76</i>	
Date of death <i>1905</i>		Months <i>2</i>		Days <i>—</i>			
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>md</i>			
Occupation <i>Housemaid</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>widow</i>		Name of Husband <i>Daniel Welty</i>					
Father's Name <i>John Buck</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Adeline Dowers</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Annie Welty</i>		How related to deceased <i>daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bronchial Pneumonia</i>	How long <i>1 week</i>
Immediate	<i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>V. M. Reichard</i>
		Address <i>Fairplay, Md.</i>
Accident or Suicide? <i>2</i>		

Fairplay

Name
in
Full

Earl Alexandria Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Hayestown* ^{Town} *Washington* ^{County} **MARYLAND**

Date of death 190 *5* ^{Month} *1* ^{Day} *6* ^{Years} *2* ^{Months} *3* ^{Days} *1*

Sex *Male* Color or Race *Colored* Birth-place *Md*

Occupation *Child* Where Residing if not at place of death

Married, Single
or WidowedName of Wife or
HusbandFather's
Name*Samuel Thompson*Father's
Birthplace*P a*Mother's
Maiden Name*Marine Robinson*Mother's
Birthplace*P a*Name of person giving
information*Samuel Thompson*How related
to deceased*Father*

CAUSES OF DEATH

Primary

How long

Immediate

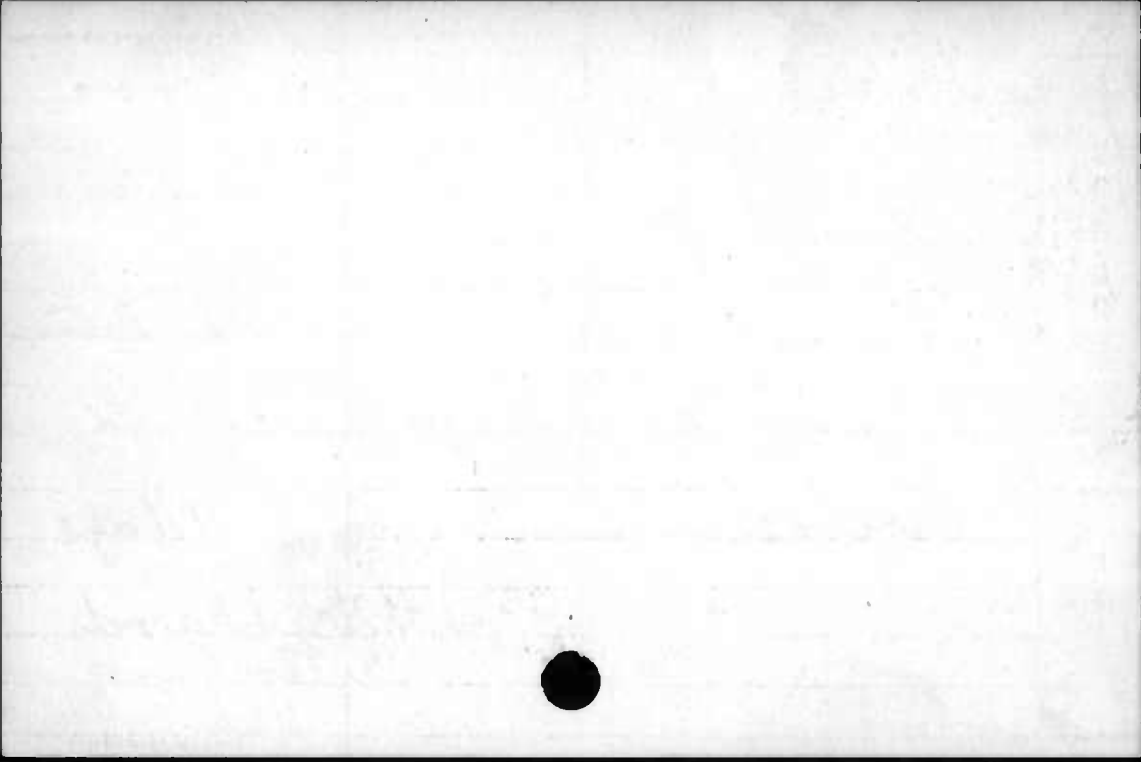
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

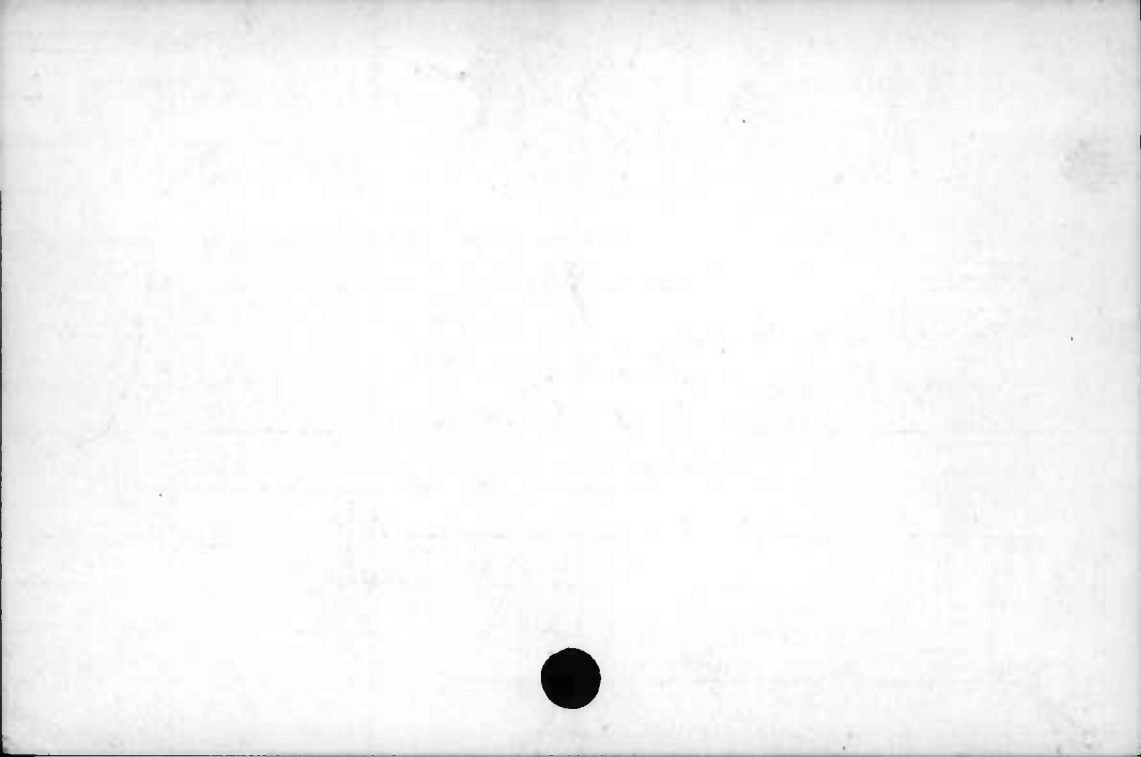
Address

A. K. Coffman
Hayestown Md
Undertaker

Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH			
John Ross Wilhiser		Died at <i>Keadysville</i> <small>Town</small>		<i>Washington</i> <small>County</small>	
				<i>State</i> <small>MARYLAND</small>	
Date of death <i>1905</i>		<i>1</i> <small>Month</small>	<i>4</i> <small>Day</small>	<i>—</i> <small>Years</small>	<i>5</i> <small>Months</small> <i>29</i> <small>Days</small>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Keadysville</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>Keadysville</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>John D. Wilhiser</i>		Father's Birthplace <i>Middletown</i>			
Mother's Maiden Name <i>Alice M. Knagler</i>		Mother's Birthplace <i>Keadysville</i>			
Name of person giving information <i>John D. Wilhiser</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH					
Primary <i>Anaemia</i>		How long <i>5 months</i>			
Immediate <i>Acute Meningitis</i>		How long <i>48 hours</i>			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. M. Nibiser</i>			
		Address <i>Keadysville Md</i>			
Accident or Suicide?					



Name
in
Full

Wm H. Wilson

CERTIFICATE OF DEATH

L.A.W.

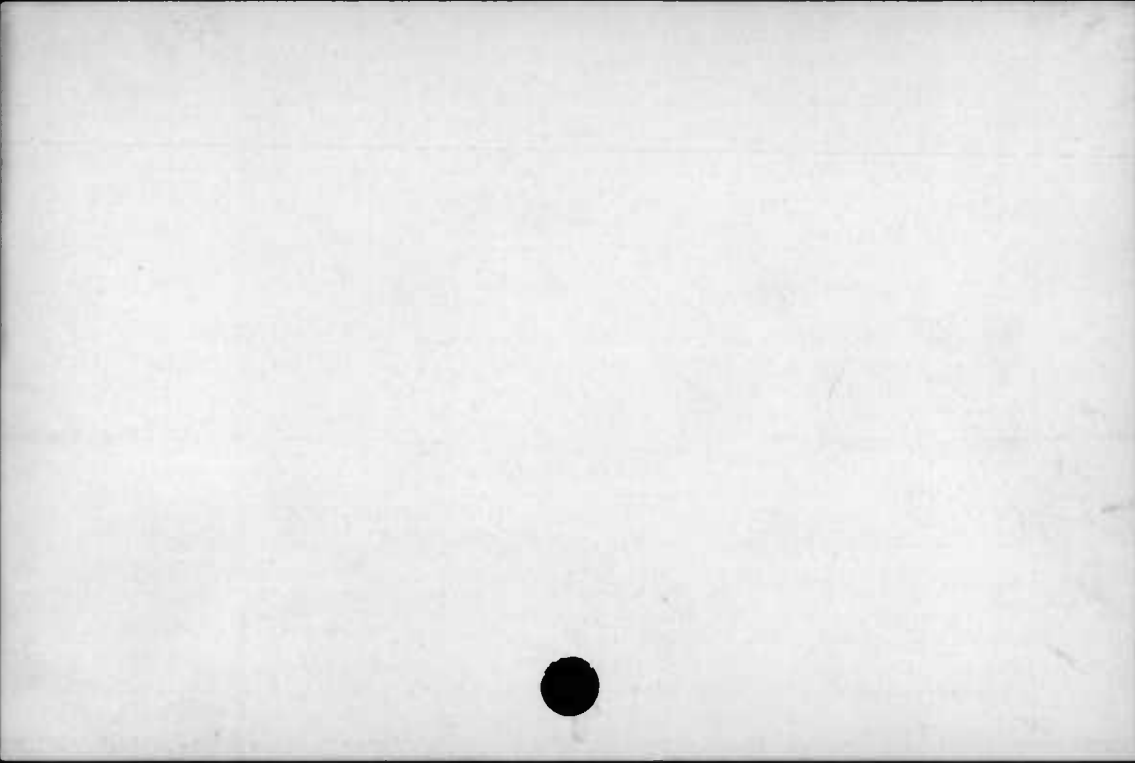
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	1905	Month	January	Day	11
Age	62	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Virginia
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Salome A.E. Wilson		
Father's Name	Jerome Wilson			Father's Birthplace	Va
Mother's Maiden Name	Rebecca Riggs			Mother's Birthplace	Va
Name of person giving information	Thomas Wilson			How related to deceased	Son

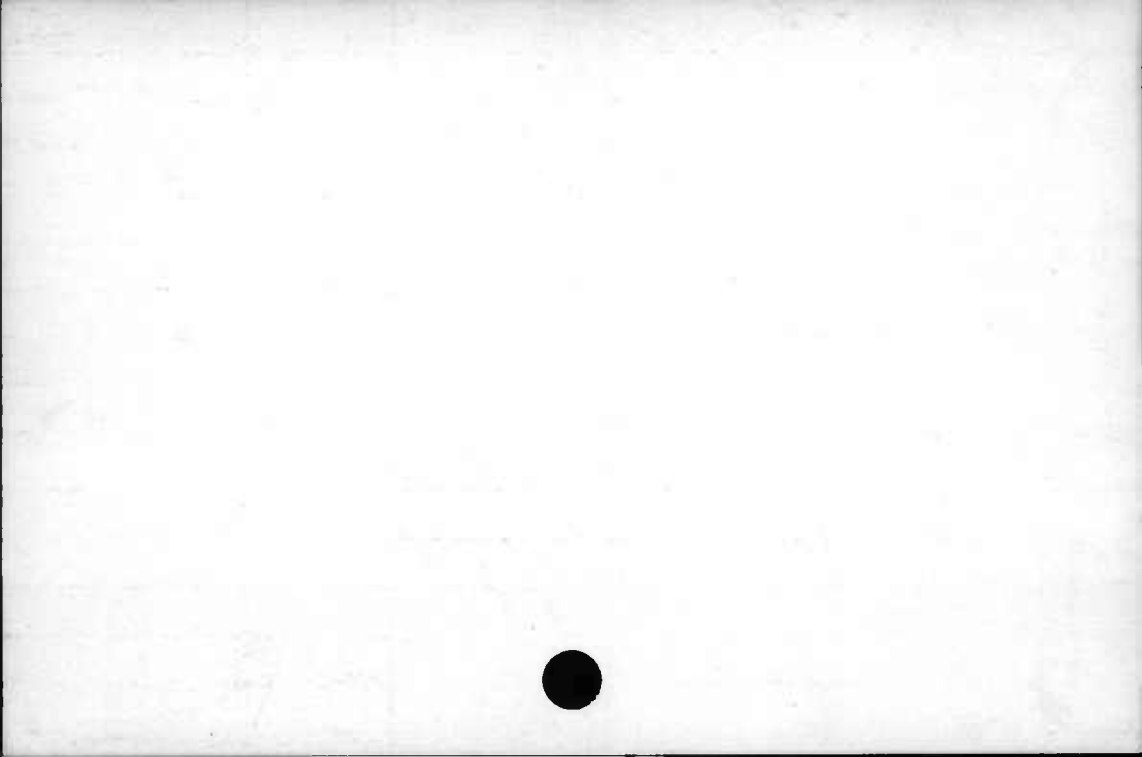
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Hemorrhage	How long	30 min.
Immediate	Cardiac Failure	How long	10 min.
Are the name, age, sex, color, date and place correctly given above?	Y/S	Signature of Physician	J. M. Dugan
		Address	Hagerstown, Md.
Accident or Suicide?			



Name In Full		John Wingert.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Reid	Town	Washington	County	MARYLAND	
	Date of death	1905	January	13	Age	74	Months 5 Days
	Sex	Male	Color or Race	White	Birthplace	New Franklin	
	Occupation	Farmer			Where Residing if not at place of death		
	Married, Single or Widowed	Married	Name of Wife or Husband	Louisa Wingert			
	Father's Name	Joseph Wingert			Father's Birthplace	New Franklin Pa.	
	Mother's Maiden Name	Elizabeth Groves			Mother's Birthplace		
Name of person giving information	Louisa Wingert			How related to deceased	Wife.		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Cerebrospinal meningitis			How long	11 days	
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
				Address			
			J. H. Wiskard				
			Leitersburg				
			Md.				
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

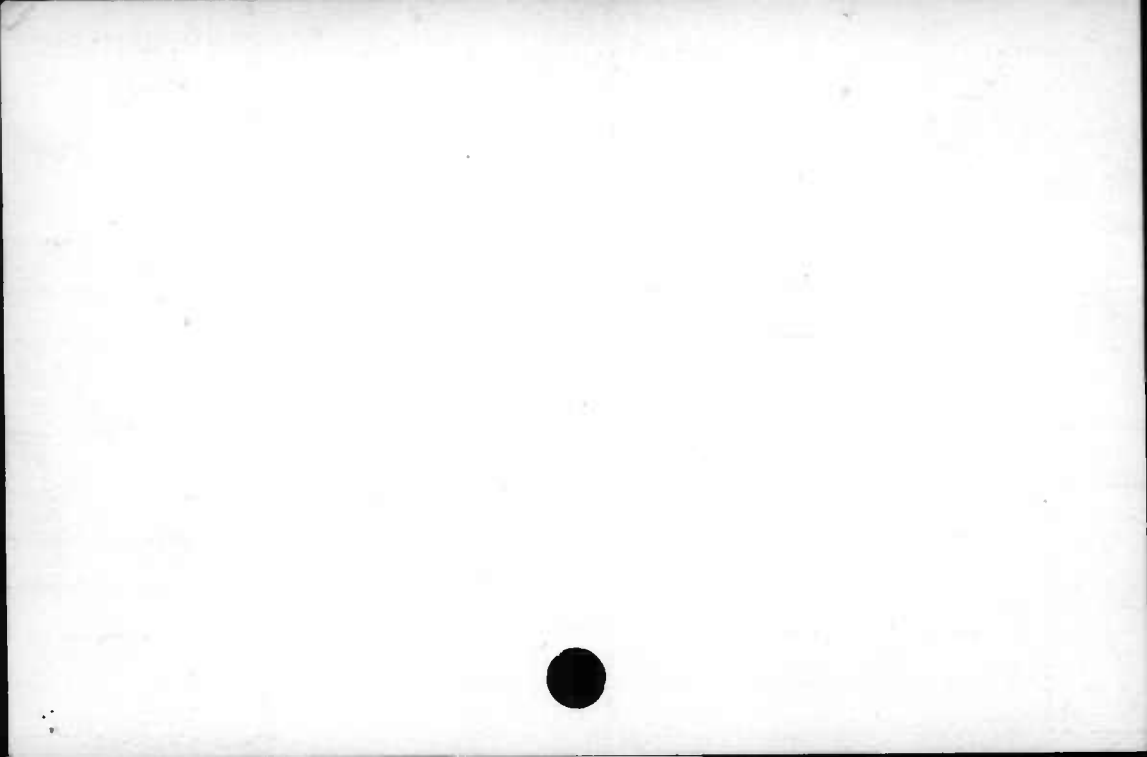
Died at *Hagerstown* ^{Town} *Wash.* ^{County}Date of death *1905* ^{Month} *Jan* ^{Day} *30* Age *71* ^{Years} Months *5* ^{Days}Sex *male* Color or Race *white* Birth-place *md*Occupation *Supt. Cemetery* Where Residing if not at place of deathMarried, Single or Widowed *married* Name of Wife or Husband *Rachela Wolfe*Father's Name *John Wolfe* Father's Birthplace *md*Mother's Maiden Name *Catherine Ward* Mother's BirthplaceName of person giving information *Rachela Wolfe* How related to deceased *wife*

CAUSES OF DEATH

Primary *Paralysis* How longImmediate *Emphysema* How longAre the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. H. Markham*

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Magdalene Walpurgis</i>		Town <i>Washington</i>		County <i>Washington</i>		MARYLAND					
Died at <i>Washington</i>		Month <i>1</i>		Day <i>8</i>		Age <i>81</i>		Months <i>2</i>		Days <i>7</i>	
Date of death <i>1905</i>		Month <i>1</i>		Day <i>8</i>		Age <i>81</i>		Months <i>2</i>		Days <i>7</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>							
Occupation <i></i>				Where Residing if not at place of death <i></i>							
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>George Walpurgis</i>									
Father's Name <i>Robert Lumm</i>		Father's Birthplace <i>MD</i>									
Mother's Maiden Name <i>Mary Beard</i>		Mother's Birthplace <i>MD</i>									
Name of person giving information <i>Silas Walpurgis</i>		How related to deceased <i>Son</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

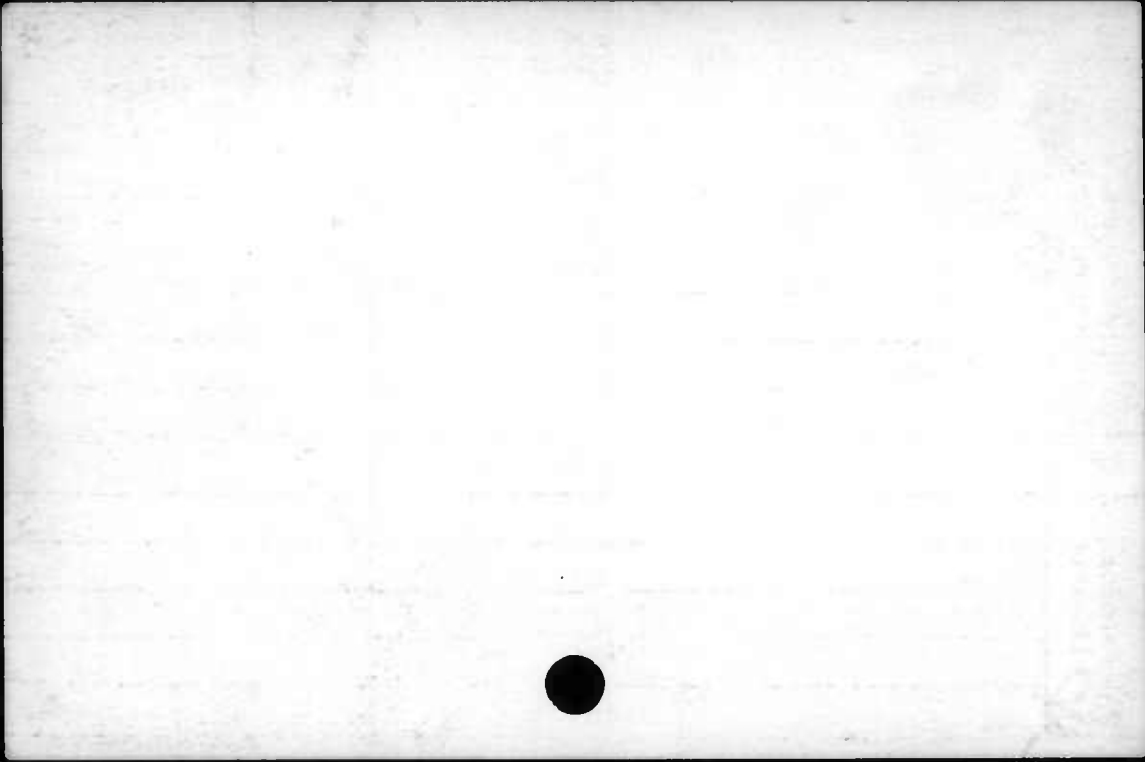
How long

Are the name, age, sex, color, date and place correctly given above?

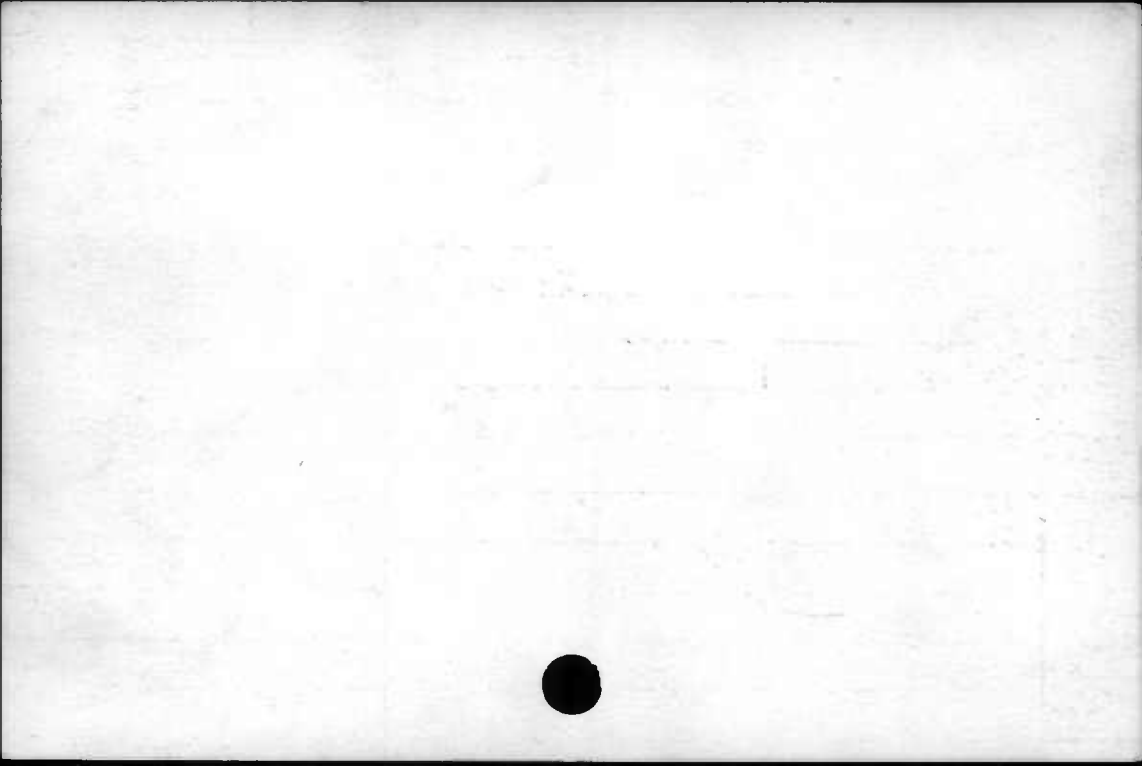
Signature of Physician

Address

Accident or Suicide?



Name in Full Thomas J. Young		CERTIFICATE OF DEATH	
Town near Hancock		County Washington	
Died near Hancock		MARYLAND	
Date of death 1905 Jan 19	Month Jan	Day 19	Years 72
Sex Male	Color or Race White	Birth place Virginia	Months
Occupation Laborer	Where Residing If not at place of death 		
Married, Single or Widowed Married	Name of Wife or Husband Amanda J. Young		
Father's Name James Young	Father's Birthplace Near Rely, Va		
Mother's Maiden Name Peggy Thorpe	Mother's Birthplace " " "		
Name of person giving information Chas Young	How related to deceased Son		
CAUSES OF DEATH			
Primary Valvular Disease of Heart	How long 2 years		
Immediate Ext. hemorrhage	How long 6 hrs		
Are the name, age, sex, color, date and place correctly given above? Ys	Signature of Physician J. West End		
	Address Hancock		
Accident or Suicide? No	acid		



Name
in
Full

Edward R Gummerman

CERTIFICATE OF DEATH

Died at ^{Town} Halpway ^{County} Washington **MARYLAND**
Date of death 1905- ^{Month} 7 ^{Day} 21 ^{Age} 72 ^{Years} 8 ^{Months} 9 ^{Days}

Sex Male Color or Race White Birth-place Pa
Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband Florence Gummerman

Father's Name Jacob Gummerman Father's Birthplace Pa

Mother's Maiden Name Elizabeth Rauch Mother's Birthplace Pa

Name of person giving Information Edward Gummerman How related to deceased Son

CAUSES OF DEATH

Primary Insufficiency of Mitral valve How long Several years
Immediate Heart failure How long Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician H. W. Regan
Address Hagerstown Md.

Accident or Suicide? No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

